FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

622141

(0)

F. ALAN NUSSO & CO. INC.

Principal Place of Business Mailing Address

FILED May 13 1998 8:00am Secretary of State



6310 S.W. 25TH STREET 6310 S.W. 25TH STREET MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 6225 E MALVERNES 6225 E MALVERHE ST. 59-1918018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NUSSO, FRANK A 6310 S.W. 25TH STREET 82 Street Addre (P.O. Box Number is Not A cceptable) MIRAMAR FL 33023 83 City 84 11. Pursuant to the provisions of Sections 607 0502 and 807.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 567.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TRESIDEN DELETE TITLE 1.1 TATLE **MUSSO, FRANK A** NAME 1.2 NAME MAJUERNE ST. 6310 S.W. 25TH STREET STREET ADDRESS 1.3 STREET ADDRESS 344*5* 2 MIRAMAR FL 33023 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agricultary and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an arrangement with an address.