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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 633563

(2)

FILED								
Mar 19 1998 8:00am								
Secretary of State								

JOSEPH	I V. CANNELLA REALTY, IN	IC.							
Principal Place of Business Mailing Address						-{	ON BIDA BIDII B	(Eri Bisik ibal	
1120 80. DALI Suite 201 Tampa fl 336	- ····- <u>-</u> ····	1120 SO. DALE MABRY Suite 201 Tampa Fl 33629-5007	SUITE 201			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
a Dringlant Dr	and D. olivana	B- M-W- Address				08/23/1979			
	ace of Business	2a. Mailing Address				4, FEI Number	Applied For Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				59-1934123	\$8.75 Additional		
22	.,	27				5. Certificate of Status Desired		Required	
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			
Zip	Country	Zip	ı · ——,			8. This corporation owes or has pald the current			
24	25	[29]	30			Personal Property Tax due June 30.	∐ Yes	∐ No	
	9, Name and Address of Curren	i negistered Agent		81 1	Name	10. Name and Address of New Registers	o Agent		
	NNELLA, JOSEPH V.		[		Maine				
	0 SO. DALE MABRY		[8	82 3	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	TE 201		l i	B3 -					
1AN	APA FL 33609		L						
			1	84 (	City	F	85 Zi	b Code	
SIGNATURE			es, the abo authorized orida Statu	ove-n by thates.	named corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment	its registered as registered	
	Signature, typiod or printed name of registered agei			Agent s	signature required	d when reinstating) DATE			
12.	OFFICERS AND	DELETE DELETE	13.	<u> </u>	1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
NAME	CANNELLA, JOSEPH V	the president	1.2 NAME				Change	, 12 700111011	
STREET ADDRESS	1220 \$ DALE MABRY #201		1.3 \$TR	_	nnerec				
CITY-ST-ZIP	TAMPA FL		1.4 CITY		l l				
TITLE	ST	DELETE	2.1 TITL				☐ Change	e Addition	
NAME	CANNELLA, GEMMA B		2.2 NAA	ΝE	[			[	
STREET ADDRESS	1220 S DALE MABRY #201		2.3 STR	EET AD	DORESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CIT	Y-\$1-	ZIP			·	
TITLE		DELETE	3.1 TITL	LE			Change	e 🔲 Addition	
NAME			3.2 NAN	-	1			ſ	
STREET ADDRESS			3,3 STR						
CITY-ST-2IP		DELETE	3.4. CIT		ZIP		1 0	e 🔲 Addition	
TITLE		C Decent	4.1 TITE		1		L Change	3 L 7000000	
NAME CORET ADDRESS			4.2 NAI		anna			1	
STREET ADDRESS			4.3 STR		i				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL		ZIP		Change	e	
NAME			5.2 NAME		[				
STREET ADDRESS			5.3 STR		DORESS				
CITY-ST-ZIP			5.4 CITY		J			1	
TITLE		DELETE	6.1 TITL				Change	e Addition	
NAME			6.2 NAN	ΜE					
STREET ADDRESS			6.3 STR	EET AD	ODRESS				
CITY-ST-ZIP			6.4 CITY						
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	or the exer	nptio	n stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that t	ne information	

indicated on this annual report or supplied will this fining does not doubly for the exemption stated in Section 119.07(5)(f), Plorida Statutes. Hutter certify that the mind indicated on this annual report or suppliermental annual report is true and accurate 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 receiver 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 allacting with an address.

GNATURE:

\*\*The Exemption Supplies will this fining does not dealing the exemption stated in Section 150.07(5)(f), Plorida Statutes. Flutter certify that I am an officer or director of the corporation or the receiver 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 allacting with an address.

\*\*The Exemption Supplies will this fining does not dealing the exemption state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver 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 allacting with an address.

\*\*The Exemption Supplies will be addressed and the exemption state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the c