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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

DELUCIA & ASSOCIATES, INC.

## **FILED** Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6800 GRIFFIN ROAD 6800 GRIFFIN ROAD DAVIE FL 33314 DAVIE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2004124 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Żip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DELUCIA, RICHARD A 6800 GRIFFIN ROAD Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33314 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE DELUCIA, RICHARD A 1.2 NAME NAME 6800 GRIFFIN ROAD 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changes, or on an attachment with an address. (c) the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information four and that my signature shall have the same legal effect as if made under oath; that I am an persecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: