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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998 DOCUMENT # 686386 DIVISION OF CORPORATIONS

J. G. FORTUNATO, D.O., P.A.

Mailing Address

## **FILED** Apr 06 1998 8:00am Secretary of State



Principal Place of Business 6310 FT KING ROAD 6310 FT KING ROAD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1980 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 59-2013456 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FORTUNATO, J G 6310 FT KING ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS FL 33541 83 84 City 85 Zip Code 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, typod or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE **PTS** 1.1 TITLE FORTUNATO, J.G. NAME 1.2 NAME STREET ADDRESS 6310 FT KING ROAD 1.3 STREET ADDRESS ZEPHYRHILLS, FL 00000 1.4 CiTY-ST-ZiP CITY-ST-ZIP DELETE Change Addition 21 THLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address. 4