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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697696

(3)

JOSEPH RUSSO & ASSOCIATES, INC.

FILED
Mar 24 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			
2020 CASE KEY ROAD NOKOMIS FL 34275 US	2020 CASEY KEY RO NOKOMIS FL 34275 US	DAD		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1981
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
n	26			59-2123851 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	Zip 29	Cour 30	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
g, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
O'HALLORAN, TERRENCE E.		į,	B1 N	Name
3569 WEBBER ST. SARASOTA FL 34239		ļ	82 S	Street Address (P.O. Box Number is Not Acceptable)
		Ī	B3	
				City FL 85 Zip Code
 Pursuant to the provisions of Sections 607, office or registered agent, or both, in the Sagent. 1 am familiar with, and accept the o 	.0502 and 607.1508, Florida State of Florida. Such change with bligations of, Section 607.0505	atules, the ab as authorized , Florida Statu	ove-na by the ites.	named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered

SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change DELETE Addition TITLE 1.1 TITLE **RUSSO JOSEPH** NAME 1.2 NAME 2020 CASEY KEY D STREET ADDRESS 1.3 STREET ADDRESS NOKOMIS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change __ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby 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.

SIGNATURE:

CITY-ST-ZIP

Jane 1/ Report

3-21-98 94-966-9381