

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713233** (5)
1. Corporation Name
LOPEZ, INC.

Principal Place of Business Mailing Address
7177 58TH STREET-NORTH **7177 58TH STREET-NORTH**
PINELLAS PARK FL 34665 **PINELLAS PARK FL 34665**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/22/1967	
4. FEI Number 23-7155025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WINECKI, RAYMOND O 8428 IRIS AVE LARGO FL 33777

10. Name and Address of New Registered Agent 81 Name Michael C. Haggerty 82 Street Address (P.O. Box Number is Not Acceptable) 1700 Winchester Rd. No. 83 84 City St. Petersburg FL 85 Zip Code 33710
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Michael C. Haggerty (NOTE: Registered Agent signature required when reinstating) DATE Jan 25 1997

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BEHRL, ROBERT J
STREET ADDRESS	5757 86TH ST N LOT #199
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	COLLINS, ROBERT H SR
STREET ADDRESS	3753 59TH WAY N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	WINECKI, RAYMOND O
STREET ADDRESS	8428 IRIS AVE
CITY-ST-ZIP	LARGO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SMIGELSKI, JOHN S.
STREET ADDRESS	7015 ORKNEY AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BRICKETTO, BERNARD J.
STREET ADDRESS	9850 68TH WAY N
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHELLHORN, ANDREW J.
STREET ADDRESS	5891-64TH TERRACE NORTH
CITY-ST-ZIP	PINELLAS PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Scavelli, Michael A
1.3 STREET ADDRESS	6861 59th St No
1.4 CITY-ST-ZIP	Pinellas Park FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD Decapria Franklin D
2.3 STREET ADDRESS	2601 50th AVE No
2.4 CITY-ST-ZIP	St. Petersburg FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T Drury Alfred L
3.3 STREET ADDRESS	7403 46th AVE No
3.4 CITY-ST-ZIP	St. Petersburg FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Dawson Gary J
4.3 STREET ADDRESS	5238 48th Terrace No.
4.4 CITY-ST-ZIP	St. Petersburg FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael A. Scavelli 1/25/98

CR2E037 (10/97)