

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F12232** (7)  
1. Corporation Name  
**ANTHONY L. SUTTILE, P.A.**

Principal Place of Business <b>20660 W DIXIE HWY 20471 NE 10TH PLACE NO MIAMI BCH FL 33180 US</b>	Mailing Address <b>20660 W DIXIE HWY 20471 NE 10TH PLACE NO MIAMI BCH FL 33180 US</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>12/05/1980</b>	
4. FEI Number <b>59-2113533</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SUTTILE, ANTHONY L 20660 W DIXIE HWY NO MIAMI BCH FL 33180</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code <b>FL</b>			

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)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		PS		<input type="checkbox"/> DELETE		1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		SUTTILE, ANTHONY L				1.2 NAME									
STREET ADDRESS		20660 W DIXIE HWY				1.3 STREET ADDRESS									
CITY-ST-ZIP		N MIAMI BCH, FL 00000				1.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						2.2 NAME									
STREET ADDRESS						2.3 STREET ADDRESS									
CITY-ST-ZIP						2.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						3.2 NAME									
STREET ADDRESS						3.3 STREET ADDRESS									
CITY-ST-ZIP						3.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						4.2 NAME									
STREET ADDRESS						4.3 STREET ADDRESS									
CITY-ST-ZIP						4.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET ADDRESS									
CITY-ST-ZIP						5.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET ADDRESS									
CITY-ST-ZIP						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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony L. Suttile* **ANTHONY L. SUTTILE** 4-17-98 954-389-9243

CR2E034 (10/97)