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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26 1998 8:00am

Secretary of State

11,0/00

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

JOSEPH M. MURASKO, P.A.

TOOLITI WE WOUNDING, I M.																
Pri	incipal Place	of Busines	s		Mailing /	Address					-{					
7125 SOUTH U.S. HWY. 17-92 7125 SOUTH US HYW 17/92 FERN PARK FL 32730					7125 SOUTH U.S. HWY. 17-92 7125 SOUTH US HWY 17/92 FERN PARK FL 32730						DO NOT WRITE IN THIS SPACE					
U	\$				US							Date Incorporated or Qualifie	d			
2.	Principal Pla	ice of Busin	ness	1	2a. Mailing Address							<b>06/04/1981</b> FEI Number		T	App	lied For
21				:	26							59-2095897			+	Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					5.	Certificate of Status Desired		· ·	<b>75</b> Ad e Requ	ditional uired	
City & State					City & State						1	Election Campaign Financing			<b>00</b> M	,
23	Zip Country				Zip Cou			ountry			+	Trust Fund Contribution			ded to	
24	Zip	25			29) 30			Santry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
Name and Address of Currer				<del></del>			<del></del>			10. Name and Address of New Registered Agent						
		ASKO, A						81	١	Vame						
123 PINE NEEDLE LANE ALTAMONTE SPRINGS FL 32714								62	S	Street Addre	ess (P.	O. Box Number is Not Accep	able)			··
								83								
								84	C	Dity			FL	85	Zip Co	ode
11	. Pursuant to	the provis	ions of Sections	607.0502 an	d 607.150	8, Florida Stati	utes, the	above	-na	amed corpo	oration	n submits this statement for the	purpose o	of changin	ng its i	registered
	agent. I am	gı <b>s</b> tered ay İ <b>s</b> miliar wi	th, and accept	the obligation	is of, Secti	on 607.05 <b>05,</b> f	Florida St	eu by atutes		e corporado	)   S    K	dard of directors, i hereby act	epi ne ap	pommen	t as re	gistered
SIC	GNATURE _	onature typed	or printed name of re	nistered agent and	t tile it apolica	sble (NC	ignature required	d when r	reinstation)	DATE						
12				ERS AND DI			13					ADDITIONS/CHANGES TO OF		D DIREC	TORS	IN 12
TITL	.E	PVS				DELE <b>TE</b>	1.1	TITLE		T				☐ Char	ige	Addition
NAM	AE		(O, <b>JOSE</b> PH (				1.2	NAME								
STR	EET ADDRESS		U.S. HWY. 17				1.3	STREET	ADI	DRESS						
_	Y-ST-ZIP	TD TD	ARK, FLORIDA	32730		☐ DELETE		CITY-ST	- 7	NP .				Char		Addition
TITE	1		(O, JOSEPH I	i.a		☐ bereit		TITLE NAME		}				LJ CHAI	ide	
		U.S. HWY. 17				1 -	STREET ADDRESS									
_	Y-ST-ZIP		ARK, FLORIDA					CITY-S		i						
TITL			<u> </u>			DELETE	_	TITLE						☐ Char	nge	Addition
NAN	AE						3.21	NAME		1						
STR	EET ADDRESS						3.3	STREET	ADE	DRESS						
CIT	r-ST-ZIP						3.4.	CITY - S	T - Z	ZIP						
TITE	E			_		DELETE	4.1	TITLE				, <u>, , , , , , , , , , , , , , , , , , </u>		Chan	ge	Addition
NAN	AE .						4. 2	NAME								
STR	EET ADDRESS						4.3	STREET	ADD	DRESS						
CIT	r-ST-ZIP						4.4 (	CITY - ST	- ZI	IP						
TITL	í					☐ DELETE		TITLE		-				L Chan	ige (	Addition
NAN							1	AME								
	EET ADDRESS							STREET /								
	-ST-ZIP					DELETE		CITY - ST	- ZI	IP				T Chou		Addis
TITL	- }					☐ DELETE		TITLE						Chan	ye [	Addition
NAN								NAME	100	onege						
	EET ADDRESS						1	STREET A								
	/-ST-ZIP	rtify that the	information si	pplied with th	nis filina da	es not qualify		city-st cempti			Section	n 119.07(3)(i), Florida Statutes	. I further o	ertify that	the in	formation
	indicated or officer or di	n this annu r <b>ec</b> tor of the	al re <b>por</b> t or sup	plemental and the receiver	nual report or trustee	t is true and ac empowered to	curate ar	nd tha	t n	ny signature	shall	I have the same legal effect as y Chapter 607, Florida Statute	if made ur	nder oath	: that I	am an I