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

FILED May 06 1998 8:00am Secretary of State

1	MENT # F449	03 (5)			
Principal Plac	e of Business	Mailing Address		- I TORTHOU INCONSTRUCTION OF LOS (1911 OF CALL)	, MIÐIL MIÐIL BIÐIL ÐIÐIE IÐÐI
2461 S STATE RD #7 P O BOX 17786					
F7 LAUDERDALE FL 33317 US		FT LAUDERDALE FL 33318 US		DO NOT WRITE IN THIS SPACE	
] "				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
				09/08/1981	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2133781	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζ φ	Country	8. This corporation owes or has paid the cu	
24	9. Name and Address of Cu		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
GIARDINA, SALVATORE J 81 Name					
1030 SW 93 TERR.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<u></u>
PLANTATION FL 33324			STLEBE WOOL	ess (P.O. Box Number is Not Acceptable)	
_			83		
			84 City		85 Zip Code
				<u></u>	•
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				·	
12.	Signature, typed or printed name of rispistere Of FICERS	d agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	11 TITLE	Applitono/off/Articles for off folial Art	Change Addition
NAME	GIARDINA, SALVATORE J		1.2 NAME		
STREET ADDRESS	1030 SW 93RD TERR		1.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION, FL 00000		1.4 CITY - ST - ZIP		
TITLE	8	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIARDINA, DEBRA		2.2 NAME ,		
STREET ADDRESS	1030 S.W. 93 TERR. PLANTATION FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PLANIATION FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CfTY-ST-ZIP		Drivers	4.4 CITY-ST-ZIP		Observe D Addition
TITLE		☐ DELETE	5 1 TIFLE 5.2 NAME		Change Addition
NAME STREET ADORESS			5.3 STREET ADDRESS)
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby of	certify that the Information supplie	ed with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

4. 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 eath; 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 it changed. If on an attachment with an Address.

SIGNATURE:

Haloutro e Seasona

4-15-98

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