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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # <b>F9300</b>	0003603 (8)				
	IER LONG DISTANCE OF					
Principal Plac	e of Business	Mailing Address				
180 & CLINTON AVE ROCHESTER NY 14646		180 S CLINTON AVE			ļ	
HOCHESTER !	NT 14646	ROCHESTER NY 14846 US			DO NOT WRITE IN THIS SPACE	
••		••			3. Date Incorporated or Qualified 08/09/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEt Number Applied For	
21		26			<b>45-0427228</b> Not Applica	—₁
Suite, Apt.	#, elc	Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additiona Fee Required	1
City & State	6	City & State	n ´		8, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	7 <sub>ip</sub>	Country		Trust Fund Contribution	$\dashv$
24	25 29 30		7 .		Personal Property Tax due June 30. X Yes No	1
	9. Name and Address of Curre	<del></del>			10. Name and Address of New Registered Agent	
	E PRENTICE-HALL CORPORATI	ON SYSTEM INC.	61	Name	e	
1201 HAYS STREET			82	Street	et Address (P.O. Box Number is Not Acceptable)	$\neg$
SUITE 105 TALLAHASSEE FL 32301			83			
174	DOWNSOLL PL S2501			·———		
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, 1	the above	-named	ed corporation submits this statement for the purpose of changing its register	red
agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was auth gations of, Section 607.0505, Florida	iorized by a Statutes	the corp 3.	orporation's board of directors. I hereby accept the appointment as registered	٩ļ
SIGNATURE		·				_
12.	Signature, typed or printed name of registered at OFFICERS At	gent and title it applicable. (NOTE: Re	gistered Age	nt signature	ure required when reinslating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	f
TITLE		DELETE	1.1 TITLE		Change Add	ition 3
NAME	ENIS, JOSEPH		1.2 NAME	ļ		
STREET ADDRESS	180 S CLINTON AVE		1.3 STREET ADDRESS		ş <b>İ</b>	
CITY-ST-ZIP	ROCHESTER NY		1.4 CITY-S	1 <u>- Z</u> IP		
TITLE	AT COULD NOT BE	DELETE	2.1 TITLE		☐ Change ☐ Add	tion (
NAME	KAPPLER, RICHARD N 180 S CLINTON AVE	1	2.2 NAME	-		- {
STREET ADDRESS	ROCHESTER NY		23 STREET		S	
CITY-ST-ZIP TITLE	D	DELETE	2.4 CITY-S 3.1 TITLE	si - ZIP	Change X Add	ition
NAME	MASSARO, LOUIS L	~	3.2 NAME		Clayton Joseph P.	
STREET ADDRESS	19 MILE POST LANE	Ĭ	3.3 STREET	ADDRESS		- (
CITY-ST-ZIP	PITTSFORD NY		3.4. CITY-S	ST-Z#P	Rochester NY 14646	
TITLE	AS	DELETE	4.1 TITLE		Change Add	ition
NAME	LA VERDI, BARBARA		4. 2 NAME			
STREET ADDRESS	180 S CLINTON AVE		4.3 STREET		3	-
CITY-ST-ZIP	ROCHESTER NY	T Drift	44 CITY-S	T-ZIP		
TITLE	BITTNER, RONALD L	DELETE	5.1 TITLE	j	Change MAdd	.uon
NAME STREET ADDRESS	180 SOUTH CLINTON AVEN	IUE I	5.2 NAME 5.3 STREET	ADDRESS	Jerenvah T Carr 180 S Clinton Ave.	
CITY-ST-ZIP	ROCHESTER NY		5.4 DITY-S		Rochester, NY 14646	
TITLE	8	DELETE	61 TITLE	i - gir	Change Add	ition
NAME	TOURS COCCUMIC C		6.2 NAME			-
STREET ADDRESS			6.3 STREET	ADDRESS	3	
CITY-ST-ZIP	ROCHESTER NY		6.4 CITY-S		J	
14. I hereby o	certify that the information supplied	with this filing does not qualify for th	e exemp	tion state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat	ion

indicated on this annual report or supplemental armual report is true and account and supplemental armual report is true and account 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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, oyon, in high phone with an address.

SIGNATURE:

Richard N Kuppler 4/29/98

FILED

May 11 1998 8:00am

Secretary of State