## 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

## F96000000791 (1) **DOCUMENT #**

JOSEPH DILLON & COMPANY, INC.

Principal Place of Business Mailing Address 107 NORTHERN BLVD 107 NORTHERN BLVD **GREAT NECK NY 11021 GREAT NECK NY 11021** 2. Principal Place of Business 2a. Mailing Address

## FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1996 FEI Number Applied For 21 26 <u>11-3175340</u> Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JALOZA, ERIC 2600 N MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33437** 83 City Zip Code 85 FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change TITLE NAME JALOZA, STEVEN R 1.2 NAME 107 NORTHERN BLVD STREET ADDRESS 1.3 STREET ADDRESS **GREAT NECK NY 11021** CITY - ST- ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE FERDMAN, OLEG NAME 22 NAME 107 NORTHERN BLVD 2.3 STREET ADDRESS STREET ADDRESS **GREAT NECK NY 11021** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE FRADELLA, SALVATORE NAME 3.2 NAME 107 NORTHERN BLVD 3.3 STREET ADDRESS STREET ADDRESS **GREAT NECK NY 11021** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP Addition TITLE DELETE 5.1 TITLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 do an attachment with an address.

SIGNATURE:

MATURE REQUIRED

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