## 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

DOCUMENT # G09937

(5)

LUSK, DRASITES & TOLISANO, P.A.

FILED									
May 04 1998 8:00am									
Secretary of State									



Principal Place of Business Mailing Address								A1411 41411		
202 DEL PRADO BLVD 202 DEL PRADO BLVD										
CAPE CORAL FL 33909 CAPE CORAL FL 33909			9			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
	_					11/30/1982				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			<del> </del>			plied For	
21 26			A			59-2495949			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	suile, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	Additional	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23	•	28			Trust Fund Contribution		Added 1	· · · · · · · · · · · · · · · · · · ·		
Zip	Country	Zip Country				8. This corporation owes or has paid	the current	year Int	angible	
24	25	29	30			Personal Property Tax due June 3			] No	
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent				10, Name and Address of New Reg	stered Age	nt		
Drasites, Thomas E.				61	Name					
202 DEL PRADO BLVD				82	Street Ad	dress (P.O. Box Number is Not Acceptable	9)	-		
1				83						
CAPE CORAL FL 33909										
				84	City		FL <sup>le</sup>	<b>5</b> Zip (	Code	
And the second s										
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-harned 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)  OATE										
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TITLÉ	PD	DELETE	DELETE 1.1 TO				L.	Change	Addition	
NAME	<b>D</b> RASITES, THOMAS E.			AME						
STREET ADDRESS			1.3 S	TREET	ADDRESS				l	
CITY-ST-ZIP	CAPE CORAL FL	DELETE		11Y - S1	- ZIP			Change	Addition	
TITLE	<del>-</del>		•	2.1 TITLE			البيا	Cuange	L. Audilion	
NAME	DRASITES, LISA L. 202 DEL PRADO BLVD		1	2.2 NAME 2.3 STREET ADDRESS					i	
STREET ADDRESS	CAPE CORAL FL			2. 4 DITY-ST-ZIP						
CITY-ST-ZIP TITLE				ITLE				Change	Addition	
NAME	TOLISANO, VINCENT P.		32 N	32 NAME						
STREET ADDRESS	202 DEL PRADO BLVD		33 S	TREET	ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL		34.0	DITY-S	T-ZIP					
TITLE				ITLE				Change	☐ Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY		- ZIP		·· ···	OL	1,220	
TITLE		☐ DEL <b>e</b> te	5.1 T				L	Change	Addition	
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	<u></u>	DELETE	5.4 C	HTY - ST	I - ZIP			Change	Addition	
TITLE		ب مدداد	6.24				<b>*</b>	C. W. Bo		
NAME PERCET ADDRESS					ADDRESS					
STREET ADDRESS					į.					
CITY-ST-ZIP			<b>■ 0.4</b> C	ITY-SI	i-zir	- C	41	41 . 4 11		

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 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 if changed, or on an attachment with an address.

U/22/54

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