## 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 # G18802

(0)

CALVASINA & COMPANY, P.A., CERTIFIED PUBLIC ACCO

Principal Place of Business % CORRINE B. CALVASINA 6755 SOUTH KANNER HWY.. S-A STUART FL 34997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

Tackson

32225

26 497.5

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% CORRINE B. CALVASINA 6755 SOUTH KANNER HWY., S-A STUART FL 34997

## **FILED** Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1983 4. FEi Number Applied For 59-2243909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No Name and Address of New Regist

9. Name and Address of Current Registered Agent CALVASINA, CORRINE B. 6755 SOUTH KANNER HWY., S-A STUART FL 33494

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Country

81	Name Corrive B. Caluas:	ne
82	Street Address (P.O. Box Number is Not Acceptable)	East
83	Tarkenistle	

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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change CALVASINA, CORRINE B. NAME 1.2 NAME 6755 S. KANNER HWY STREET ADDRESS 1.3 STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CITY - ST - ZIP \_\_\_ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP TITLE DELETE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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 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 on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

printing Bigaluas

1-8-98