## 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 # G51753** 

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EMPIRE REALTY OF PINELLAS, INC.			
cipal Place of Business	N	lailing Address	s naonni dada Ruidi kigni (dada Bunda uni Bubu Bubu Bubu Bubu Bubu Bubu Bubu Bub
4 BELCHER RD EARWATER FL 34625		2045 EAST BAY DRIVE SUITE 706	

**FILED** 

May 05 1998 8:00am

Secretary of State

Prir DO NOT WRITE IN THIS SPACE **LARGO FL 33711** 3. Date Incorporated or Qualified 07/28/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2189 CLEVELAND ST 59-2443150 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 200 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country  $Z_{i}p$ 8. This corporation owes or has paid the current year Intangible PINEULAS 29 Yes Personal Property Tax due June 30. 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CANNIZZARO, JOSEPH 19823 GULF BLVD. Street Address (P.O. Box Number is Not Acceptable) #10 83 INDIAN SHORES FL 34635 Zip Code 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. JUSEPH CANNIZZARO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PVD DELETE Change Addition 1.1 TITLE NAME CANNIZZARO, JOSEPH 1.2 NAME 2045 EAST BAY DR 706 19823 GULF BLVD. 10 1.3 STREET ADDRESS STREET ADDRESS INDIAN SHORES FL CITY-ST-ZIP LARGO FL 33771 1.4 CITY-S1-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TrTLE ☐ Change Addition 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 supplierundal annual report is true and occurate 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 of trustee only because the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee only on the receiver of trustee of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

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