## 5-5-988- 6475 -NC FILE NOW: FILING FEE AFTER MAY 187 18 \$556.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

KNAUST & VALENTE, P.A.

	FILEL	,
May 0:	5 1998	8:00am
Secre	etary of	f State



Principal Place of Business Mailing Address				t destill som dest dest their seem butt som sibil of	.WII BIRII WIWII WIDII WI	Mat cont		
C/O WARREN J. KNAUST. ESOUIRE 2730 CENTRAL AVENUE ST. PETERSBURG FL 33712		C/O WARREN J. KNAUST. ESQUIRE						
		2730 CENTRAL AVENUE ST. PETERSBURG FL 33				DO NOT WRITE IN THI	S SPACE	
91. FEIENSD	ONG FE 33/12	SI. FETERODORO TE OS	114			3. Date Incorporated or Qualified		
						12/02/1983		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Appli	ied For
21		26				59-2342088	Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> Add	
22		27					Fee Requ	
City & State	0	City & State				6. Election Campaign Financing	\$5.00 M	
Zip	Country	<b>28</b>	Cou	nleu		Trust Fund Contribution	Added to I	
24 Zip	<b>├</b> ─┐ ′	<b>)</b> —-¬ '	30	i iti y		This corporation owes or has paid the corporation of the corp	current year Intani	
24	25 25 Name and Address of Currer	29 29 Agent	[30]			10. Name and Address of New Registers		<del>"</del>
I/AI	<del></del>			81	Name	10.		
	au <b>s</b> t, warren J., esquire 30 <b>ce</b> ntral avenue				5	C (50 5 TT )		
	PETERSBURG FL 33712-8153			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
31.	. rejensbung je 301 (2-0100			83				
				84	City	F	85 Zip Co	de
44 8		0074100 F1-13-04-1				-	—	
office or re	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Horida. Such change was attoris of Section 607.0505. El	ies, ille ai authorized lorida Stat	d by	the corpora	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE	The same with the coopy the carry	chord (ii, closion dor.doso, ri	ondo otat		•			
	Signature, typed or printed name of registered aga			Agei	ni signalure req	juired when reinstating) DATE		
12.		D DIRECTORS  DELETE	13.	n <i>E</i>		ADDITIONS/CHANGES TO OFFICERS A		Addition
NAME	STD VALENTE ANTHONY D	ריים מינינוני					□ omange t	_ Kudillon
STREET ADDRESS	Valente, anthony P. 10126 Tarpon Drive		1.2 NA		ADDRESS			- 1
	TREASURE ISLAND FL							
CITY-ST-ZIP TITLE	DP	DELETE	1.4 CII 2.1 TII		1 - 217		Change	Addition
NAME	KNAUST, WARREN J		2.2 NA					
STREET ADDRESS	2730 CENTRAL AVE				ADDRESS			I
CfTY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 C					
TITLE	<u> </u>	DELET <b>E</b>	3.1 TIT				☐ Change	Addition
NAME			3.2 NA	ME				-
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE.			☐ Change	Addition
NAME			4, 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	IY - \$1	I - ZIP			
TITLE		DELETE	5.1 1(1	rLE			☐ Change	Addition
NAME			5.2 NA	ME	- 1			ļ
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	_	- 21P			
TITLE		DELETE	6.1 TIT	LΕ			Change [	Addition
NAME			6.2 NA	MÉ				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-ST	I - ZIP			

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 supplimental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on the attachment with an address.