## 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 # H11079

(1)

L. GRANATO SERVICES, INC.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

Zip

Principal Place of Business 14659 COLLECTING CANAL ROAD

GRANATO, BONNIE L.

**LOXAHATCHEE FL 33470** 

14659 COLLECTING CANAL ROAD

LOXAHATCHEE FL 33470

2. Principal Place of Businoss

Suite, Apt. #, etc

City & State

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14659 COLLECTING CANAL ROAD LOXAHATCHEE FL 33470

**FILED** Mar 31 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1984 FEI Number Applied For 59-2473765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

84 City 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 office of 607.0505, Florida Statutes.

Country

81 Name

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SIGNATURE Signature, typed or protein runne of regularly liquid and lifter it applies ability (NOTE Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 THTLE	Change Addition
NAME	GRANATO, LAWRENCE L.		1.2 NAME	
STREET ADDRESS	14659 COLLECTING CANAL		1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY+ST-ZIP	
TITLE	VST	DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GRANATO, BONNIE L.		2.2 NAME	
STREET ADDRESS	14659 COLLECTING CNL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			32 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CiTY-ST-ZIP	

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

G.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CITY-ST-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 supplemental annual report is frue 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 of 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 in attachment yith an address.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Change

Addition

Addition

Addition