

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H18831 (8)

1. Corporation Name
ZIRILLI & ZIRILLI, P.A.



Principal Place of Business 330 FIFTH AVENUE INDIAN LANTIC FL 32903	Mailing Address 330 FIFTH AVENUE- INDIAN LANTIC FL 32903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3154 NORTHSIDE DR #101 Suite, Apt. #, etc 22 City & State 23 KEY WEST FL Zip Country 24 E 33040 25 MONROE	2a. Mailing Address 26 3154 NORTHSIDE DR Suite, Apt. #, etc 27 #101 City & State 28 KEY WEST FL Zip Country 29 33040 30 MONROE
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3. Date Incorporated or Qualified 08/27/1984	4. FEI Number 59-2459494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ZIRILLI, ANTHONY CHARLES 330 FIFTH AVE INDIAN LANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3154 NORTHSIDE DR #101 83 84 City KEY WEST FL 85 Zip Code 33040
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE ZIRILLI, SUSAN DEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIRILLI, SUSAN DEE		1.2 NAME	
STREET ADDRESS 285 TANGELO ST.		1.3 STREET ADDRESS 3154 NORTHSIDE DR #101	
CITY-ST-ZIP SATELLITE BEACH FL		1.4 CITY-ST-ZIP KEY WEST, FL 33040	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE ZIRILLI, ANTHONY CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIRILLI, ANTHONY CHARLES		2.2 NAME	
STREET ADDRESS 285 TANGELO ST.		2.3 STREET ADDRESS 3154 NORTHSIDE DR #101	
CITY-ST-ZIP SATELLITE BEACH FL		2.4 CITY-ST-ZIP KEY WEST, FL 33040	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: *Susan Zirilli* 4/15/98

CFR2E034 (10/97)