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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

City & State

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H33920

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ONE TAMPA CITY CENTER

201 N. FRANKLIN STREET, SUITE 2800

MUSETTA, MICHAEL

TAMPA FL 33602

(0)

2a. Mailing Address

MICHAEL MUSETTA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
ONE TAMPA CITY CENTER, SUITE 2880	ONE TAMPA CITY CENTER, SUITE 2880
TAMPA FL 33602	TAMPA FL 33602

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9. Name and Address of Current Registered Agent

Feb 24 1998 8:00am Secretary of State

			<u> </u>	I UVADIR QUURT DUĞU				
DO NOT WRITE IN THIS SPACE								
3. Date Incorporated or Qualified								
	12/13/1984							
	4, FEI Number			Applied For				
	59-2469890			Not Applicable				
	5. Certificate of Status Desired		\$8.75 Additional Fee Required					
	6. Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees				
	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							

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

Country

Name

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

agont. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12				
TETLE	PST 🗆 🗆	DELETE	1 1 TITLE		Change	☐ Addition				
NAME	MUSETTA, MIKE		12 NAME			•				
STREET ADDRESS	7218 WAREHAM DR		1.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			!				
TITLE	S	DELETE	21 TITLE		Change	Addition				
NAME	MUSETTA, CYNTHIA		22 NAME							
STREET ADDRESS	7218 WAREHAM DR		2 3 STREET ADDRESS							
CITY - ST - ZIP	TAMPA FL		2 4 CITY-ST-ZIP							
TITLE		DECETE	3.1 TITLE		☐ Change	☐ Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY - ST - ZIP							
TITLE	□ 0	DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADORESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY - ST - ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		ELETE	6.1 TITLE	•	☐ Change	Addition				
NAME			6.2 NAME			}				
STREET ADDRESS			6.3 STREET ADDRESS			1				

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

MICHAEL MUSERRA 2-19-98