

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

FILED
Apr 02 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 # H77999 (1)
 1. Corporation Name
PETER LANGONE, INC.



Principal Place of Business 516 NE 13TH STREET FT. LAUDERDALE FL 33304 US	Mailing Address 516 NE 13TH STREET FT. LAUDERDALE FL 33304 US
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changed address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1985

2. Principal Place of Business 21 215 SE. 12th AVE. Suite, Apt. #, etc.	2a. Mailing Address 25 215 S.E. 12TH AVE. Suite, Apt. #, etc.
22 City & State 23 FT LAUDERDALE, FL	27 City & State 28 FT LAUDERDALE, FL
24 Zip 33301 25 Country USA	29 Zip 33301 30 Country USA

4. FEI Number
59-2644506

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LANGONE, PETER
516 NE 13TH STREET
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name LANGONE, PETER
82 Street Address (P.O. Box Number is Not Acceptable) 215 S.E. 12TH AVE
83
84 City FORT LAUDERDALE FL 85 Zip Code 33301

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 _____ DATE **3-30-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD LANGONE, PETER	<input type="checkbox"/>
NAME	516 NE 13 ST	
STREET ADDRESS	FT LAUDERDALE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD LANGONE, PETER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	215 SE. 12 AVE		
1.3 STREET ADDRESS	FT LAUDERDALE, FL 33301		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Peter Langone* **PETER LANGONE** **3/30/98**

CP2E034 (10/97)