

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

FILED
Apr 07 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 # H86789 (5)

1. Corporation Name
MINIERI ORLANDO, INC.

Principal Place of Business 29656 US 19 NO STE 100 CLEARWATER FL 34621 US	Mailing Address 29656 US 19 NO STE 100 CLEARWATER FL 34621 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1985	4. FEI Number 59-2616001	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33761 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33761 Country
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9. Name and Address of Current Registered Agent
MARTIN, DANIEL N.
8406 MASSACHUSETTS AVE
SUITE B-1
NEW PORT RICHEY FL 33552

10. Name and Address of New Registered Agent 81 Name CARL MINIERI 82 Street Address (P.O. Box Number is Not Acceptable) 29656 U.S. HWY 19N 83 SUITE 100 84 City CLEARWATER FL 85 Zip Code 33761
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11. Pursuant to the provisions of Sections 607.0602 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 *all of them* V.P.

4-1-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MINIERI, CARL
STREET ADDRESS	29656 US 19 NO, STE 100
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP
STREET ADDRESS	MINIERI, CARL N.
CITY-ST-ZIP	29656 US 19 NO, STE 100
TITLE	<input type="checkbox"/> DELETE
NAME	V
STREET ADDRESS	MINIERI, RICHARD
CITY-ST-ZIP	29656 US 19 NO, STE 100
TITLE	<input type="checkbox"/> DELETE
NAME	S
STREET ADDRESS	ROTUNNO, DOROTHY
CITY-ST-ZIP	29656 US HWY 19 N #100
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33761
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33761
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33761
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33761
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 this 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:

Carl Minieri Pres. 3/13/98

CR2E034 (10/97)