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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVIDION OF CORROBATIONS

## Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90106 026 \*\*\*158.75

Principal Place of Business % FRANK J. RALLO 3685 INVESTMENT LANE UNIT 5 RIVIERA BEACH FL 33404		Mailing Address % FRANK J. RALLO 3685 INVESTMENT LANE UNIT 5 RIVIERA BEACH FL 33404		DO NOT WRITE IN THIS SPACE		
MINIENA BEAGI	172 35907	Mineral Denotific ways		3. Date Incorporated or Qualifed 02/01/1986		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<del></del>	olied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2650633	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Re	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	
3		28		Trust Fund Contribution	Added to	Fees
Zip □	Country	Zip	Country 30	8. This corporation owes the current year Personal Property Tax.		□No
4	9. Name and Address of Curren		30	10. Name and Address of New Registe		
	9. Name and Address of Guiter	it itegiotered Agent	81 Name			
	LO, FRANK J.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	<del></del>	<del> </del>
195 SUNFLOWER CIRCLE ROYAL PALM BEACH FL 33411			02 311881 Au	dress (1.0. Dox Hambel is Not Abbaptasis)		
			83			•
			84 City		85 Zip C	ode
			1 1	•	FL  °°  -	
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office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida. Such change was autitions of, Section 607.0505, Floridation of the if applicable.  (NOTE: F	thorized by the corpora da Statutes. Registered Agent signature requ	rporation submits this statement for the purposition's board of directors. I hereby accept the a	se of changing its appointment as reg	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

GNING OFFICER OR DIRECTOR