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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name J34516

(1)

MICHAEL E. SHATTO & ASSOCIATES, INC. Principal Place of Business Mailing Address 25305 DARNOCH STREET 25305 DARNOCH STREET SORRENTO FL 32776 SORRENTO FL 32776 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1986 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 26 59-2716225 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Zìp Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 24 25 30 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SHATTO, MICHAEL E. 25305 DARNOCH STREET Street Address (P.O. Box Number is Not Acceptable) SORRENTO FL 32776 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE SHATTO, MICHAEL E. NAME 1.2 NAME 25305 DARNOCH STREET STREET ADDRESS 1.3 STREET ADDRESS SORRENTO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4, CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - ST - ZIP Addition ☐ DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

#RED

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

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CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

\_\_ Addition

CR2E034

**FILED** 

Jan 22 1998 8:00am

Secretary of State