3. 25. 98 B:3712 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J71877

(1)

MICHAEL A. VISCOMI, P.A.

FILED Mar 25 1998 8:00am Secretary of State

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ncipal Place of Business Mailing Address		- I 1884116 2111 12281 14261 1844 18811 1281 81811 51811 81811 81811 61811 61811 1881			
1855 PALM BCH. LAKES BLVD.	1655 PALM BCH. LAKES BI	LVD.			
SUITE 1012	SUITE 1012				
WEST PALM BCH FL 33401	WEST PALM BCH. FL 3340	1		DO NOT WRITE IN THIS SPACE	
US	U\$		3. Date Incorporated or Qualified 05/07/1987		
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21 250 Australian Ave. South		n Ave. Sout	h 59-2801649	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 Suite 1404 27 Suite 140			O. Commodic S. Citatae Beened	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 West Palm Beach, FL	28 West Palm Beac	Cn, FL Country	Trust Fund Contribution	Added to Fres	
Zip Country 24 33401 25 USA	ζφ	_	8. This corporation owes or has paid the cu		
		o USA	Personal Property Tax due June 30. 10. Name and Address of New Registered		
VISCOMI MICHAEL A			iam D. Bone, Esq.		
1655 PALM BCH LAKES BLVD.		62 Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE 1012		83	<u>Australian Ave. South, Suit</u>	e 1404	
WEST PALM BCH. FL 33401		83			
		84 City	Palm Beach FL	85 Zip Code 33401	
11. Pursuant to the provisions of Sections 60 (050	2 and 607, 1508, Florida Statutes.	the above-named o	orporation submits this statement for the purpose of		
11. Pursuant to the provisions of Sections 60, 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered ugent, 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 are familiar with, that accepts the obligations of Section 607,0505. Florida Statutes.					
1 1 1 1 1 1 1 1 1 1 1 1 1	ations of action 607.000. Florid	Bone			
SIGNATURE Signature, Nysod or printed name priegraterial app	ent and title II applicable (NOTE F	Registered Agent signature re	gouired when reinstating) DATE	8	
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12	
TITLE PVST	☐ DELETE	1.1 TITLE	PVST	XX Change Addition	
NAME VISCOMI, MICHAEL A.			Viscomi, Michael A.		
STREET ADDRESS 1655 PALM BCH. LAKES BLY	VD. SUITE 1012		250 Australian Ave. S., Sui	te 1404	
CITY-ST-ZIP WEST PALM BCH. FL			West Palm Beach, FL 33401		
TITLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-2IP		3.4. CITY - ST - ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		4. 2 NAME			
STREET ADDRESS		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-\$1-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-SI-ZIP		6.4 CITY - ST - ZIP			
		5.7 O.1. O7 CII			

4. Thereby 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:

Mesion.

3/20/98 (561) 832-9400