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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCU	MENT # K04848	3 (3)			
F	NAGEMENT CORPORATION				
0110 141	WANGEINER COM CHAILON	11		A COPINIAL NA COLLEGISTICO MANAGEMENT CONTRACTORISMO DE CONTRACTOR	
Principal Place of Business Mailing Address				Frankante off anisk dinner Lotte Denn inft Elbet Deter dinte brati dinte Estati dinte Estati	
405 DOUGLAS	S AVENUE	P.O. BOX 917359			
SUITE 1955	00000 Et 00744	LONGWOOD FL 32791		DO NOT WRITE IN THIS SPACE	
US	SPRGS FL 32714	U\$		3. Date Incorporated or Qualified	<u>4</u>
				12/03/1987	
2. Principal F	Place of Business	2a. Mailing Address		4. FEJ Number Applied Fo	r
21 26				<b>59-2867202</b> Not Application	abie
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona	1
22				5. Certificate of States Desired Fee Required	<u>:                                  </u>
23 28 28				6. Election Campaign Financing \$5.00 May Be Trüst Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation dwes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
JAC	Conetti, George		81 Name		
405 DOUGLAS AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	_
SUITE 1955			00		
ALTAMONTE SPRINGS 32714			83		
			84 City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607,1508. Florida Statut	tes, the above-named con		red
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 abigations of, Section 607.0505, Florida Statutes.					
	or latilitat with, and accept the congain	ioris di, secilo (sorrosos, Fi	orida Statutes,	1-77-90	ļ
SIGNATURE	Signature, typed or printer parte of registered agent	and title if applicable (NOT	E: Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOLE	PT	DELETE	1.1 TITLE	☐ Change ☐ Addi	tion
NAME	KAHN, JEROME B.		1,2 NAME		1
STREET ADORESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL SVP	DELETE	1.4 CITY-ST-ZIP	Change Addi	tion
NAME	JACONNETTI, GEORGE	المستورد الم	2.2 NAME	i Ti Anguiga Ti Wom	10011
STREET ADDRESS	405 DOUGLAS AVENUE, SUITE	1955	2.3 STREET ADDRESS		ł
CITY-ST-ZIP	ALTAMONTE SPRGS FL		2.4 CITY-ST-ZIP		ا
TITLE		☐ DELETE	3.1 TITLE	Change Addi	tion
NAME			3.2 NAME		]
STREET ADDRESS			3.3 STREET ADDRESS		l
CITY - ST - ZIP			3.4. CITY-ST-ZIP		<u></u>
TITLE		☐ DELETE	4.1 TITLE	Change Addi	tion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	1 }	(
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP	Change Addi	tion
TITLE NAME		Decere.	5.2 NAME	L. Orange L. 2000	71004
STREET ADDRESS			5.3 STREET ADDRESS	İ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	i	_ }
TITLE		DELETE	6.1 TITLE	Change Addi	tion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	T.	- }

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.

**FILED** 

Feb 02 1998 8:00am

Secretary of State