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 #

(7)

ANGELO BAVARO & ASSOCIATES, INC.

FILED Apr 24 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						L teatant bit avert Anth Soft anni Anti Alli Alli	#481F #F\$1 # [p : 1 4 14 17 17 17 17) (
2100 NW 106TH AVENUE 2100 NW 106TH AVENUE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026									
US PEMBRUKE I	US PEMBROKE PINES FL	BROKE PINES FL 33026			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualified 10/20/1988			
2. Principal P	lace of Business	2a. Mailing Address			·	4. FEI Number		Applied	For
21		26				65-0103715	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			Be
23		28				Trust Fund Contribution			
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25 29 29 9. Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No			
		it Registered Agent		81	Name	10. Name and Address of New Register	ea Agent		
	VARO, ANGELO			"	Name				
	51 MIRAMAR PARKWAY RAMAR FL 33023				Street Addr	Address (P.O. Box Number is Not Acceptable)			
*****	TANK I I C OOVED			83				·····	
			E	84	City		B5	Zip Code	
				l 1	-		▝▐▁▕▕▕	•	
agent. I a SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (N				oration submits this statement for the purposion's board of directors. I hereby accept the			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN	12
TITLE	D	☐ DELETE	1.1 70	1.1 TITLE			☐ Cha	inge 🗀	Addition
NAME	BAVARO, ANGELO		1.2 NA	ME					
STREET ADDRESS	MIDAMAD CI		1.3 ST	REET A	ODRESS				
CITY-ST-ZIP	MIRAMAR FL	The same		ty-st	- ZIP				A
TITLE	D BAVADO LINDA	☐ DELETE	2.1 7/1		ļ		L Cha	inge []	Addition
NAME	BAVARO, LINDA 6151 Miramar Parkway		2.2 NA				•		
STREET ADORESS	MIRAMAR FL				DORESS				
CITY-ST-ZIP	MILAMOLI LC	☐ DELETE		17Y-S1	-ZIP		Cha	noo	Addition
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NAME			4. 2 N						
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NAME			5.2 NA	ME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				TY-ST-	i				
TITLE		DELETE	6.1 TI				Cha	inge 🔲	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET A	DORESS				
CITY-ST-ZIP			6.4 CI	TY <u>- ST</u> -	- 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 trusted 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.