SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Oct 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL **RE**PORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # NUZZI BROTHERS, INC. Principal Place of Business Mailing Address 1801 BRANTLEY RD. P.O. BOX 60284 SUITE # 1602 FT. MYERS FL 33906-0284 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33907 3. Date Incorporated or Qualified US 10/20/1988 4. FEI Number Applied For 69-0087615 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NUZZOLILLO, JOHN 1801 BRANTLEY RD. **SUITE 1602** 83 FT. MYERS FL 33907 84 ovisions of sections 607,0502 and agent or both, in the State of Ir with, and accept the openings 07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered is of, section 607.0505, Florida Statutes. Pursuant to the D SIGNATURE ne of restricted agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE ___ Change ___ Addition NAME 1.2 NAME NUZZOLILLO, JOHN 12838 Vista Pins Ci. FX Myras, Pl 3391 622 **BE** 20TH PL STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ___ Change Addition NAME NUZZOLILLO, DANNY 2.2 NAME STREET ADDRESS 17200 E. LAKE DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP NORTH FT. MYERS FL 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-Z#F TITLE 5.1 TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition

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 minual report is true and acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the reference in the reference of the comporation or the reference of the composition of the compo OHRID

6.2 NAME

6.3 STREET ADDRESS

CR2E034 (5/98)