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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K60182

PROFESSIONAL ACCOUNTING SERVICES OF BREVARD, INC.

Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % DOMENIC H. CALICCHIA % DOMENIC H. CALICCHIA 560 CALIFORNIA AVE NE 560 CALIFORNIA AVE NE PALM BAY FL 32907-2631 DO NOT WRITE IN THIS SPACE PALM BAY FL 32907-2631 3. Date Incorporated or Qualified 01/23/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2925864 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Ζφ Country 6. This corporation owes or has paid the current year intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 CALICCHIA, DOMENIC H. 560 CALIFORNIA AVE NE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or proted name of registerest ingent and time if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE CALICCHIA, DOMENIC H. NAME 1.2 NAME 560 CALIFORNIA AVE NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 1.4 CITY-ST-ZIP 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 TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE TITLE 41 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELLTE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C(1Y - ST - ZIP The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an associate this report as required by Chapter 607, Figure Statutes; and that my name appears in 14. Thereby certify that the information indicated on this annual report of so officer or director of the corporation.

SIGNATURE:

he receiver or trustee empowered

execute this report as required by Chapter 607, Fig.

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