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 # K94034

(1)

FRANK D'ALESSANDRO, INC.

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address				
8901 COLLEGE PARKWAY SUITE 1 FORT MYERS FL 33919	8801 COLLEGE PARKY SUITE 1	8801 COLLEGE PARKWAY		DO NOT WRITE IN THIS SPACE	
U\$ US				3. Date Incorporated or Qualified 06/06/1989	
2. Principal Place of Business 21	2a. Mailing Address 26			4. FEI Number 65-0129669	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	├ - , '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Count	ry	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible X Yes
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
D'ALESSANDRO, FRANK R. 8801 COLLEGE PARKWAY SUITE 1 FT MYERS FL 33919		Ľ	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
		8	3		
			4 City	FL	85 Zip Code
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St agent. I am familiar with, and accept the ob 	ate of Florida. Such change wa	as authorized l	by the corpora	prporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	f changing its registered cointment as registered
SIGNATURE					

Signature, typed or printed hank of registored agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE DPT 1.1 TITLE NAME D'ALESSANDRO, FRANK R. 1.2 NAME Janie B. Hooker 8801 COLLEGE PARKWAY SUITE 1 STREET ADDRESS 1.3 STREET ADDRESS 8801 College Parkway, Suite 1 FT MYERS FL Ft. Myers, FL 33919 CITY-ST-ZIP 1.4 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 31 TITLE Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 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 is 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 annutation and Alth Imade ess.

CIGNIATURE.

3 unlax

(au) 481-10999