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

## Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L31265 (6) GEORGE V. LANZA, P.A. Principal Place of Business Mailing Address 116 ALHAMBRA CIRCLE % GEORGE V. LANZA **CORAL GABLES FL 33134** 116 ALHAMBRA CIRCLE DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 11/20/1989 2. Principal Place of Business 4. FEI Number Applied For 2121 Ponce DELEON BLUB 65-0157198 Not Applicable Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes **Yes** 10. Name and Address of New Registered Agent LANZA, GEORGE V. 116 ALHAMBRA CIRCLE 82 **CORAL GABLES FL 33134** 83 84 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition 1.1 TITLE DELETE LANZA, GEORGE V. 1.2 NAME CR2E034 NAME 2121 Ponce DELEON BLUL St. # 550 116 ALHAMBRA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby certify that the information dipplied 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 the annual report or supplied with 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or of an attachment with an address.

CITY-ST-ZIP

SIGNATURE:

**FILED** 

9-98 (305)448-444