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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(4)

FILED	
Oct 01 1998 8:00am	ì
Secretary of State	

C&JD	P'AGATA, INC.				
				1,661,646,664,0111,1664,064,011,1014,101,164,101,164,101,164,101,164,101,164,101,164,101,164,101,164,101	i l l
•	ce of Business	Mailing Address			•
	SEN BEACH BLVD	1824 N.E. JENSEN BEACH			
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 US			DO NOT WRITE IN THIS SPACE		
03				3. Date Incorporated or Qualified	
				03/12/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0183285 Not Applicat	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		S8 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & Sta	le	City & State		6. Election Campaign Financing \$5.00 May Be	
23	:	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
D'A	GATA, C R		81 Name		
	5 S.E. SOLANA LANE		62 Street Add	ress (P.O. Box Number is Not Acceptable)	
POR	IT ST. LUCIE FL 34952		0.0000	71033 (1.3. DOX Halliber 13 Not Acceptable)	
			83		
			84 City	FI 85 Zip Code	
office or	t to the provisions of sections 607.050 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE		to della finale della de	075 0		
12.	Signature, typed or printed name of registered ago	ND DIRECTORS	OTE: Registered Agent signature rec	quired when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P\$	_	1.5 TITLE		
NAME	D'AGATA, CHARLES R	L DELETE	1.2 NAME	Change Additi	iON
STREET ADDRESS	2665 S.E. SOLANA LANE		1.3 STREET ADDRESS		
	PORT ST. LUCIE FL 34952				
CITY-ST-ZIP TITLE	VST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	7 a 7 a	
NAME	D'AGATA, JOYCE	[] DELETE	2.2 NAME	Change Additi	on
STREET ADDRESS	1824 N.E. JENSEN BEACH BL	/W			
	JENSEN BEACH FL 34957	.TD.	2.3 STREET ADDRESS	1	
CITY-ST-ZIP TITLE	DEMOCITY BEACHT E 04807	T ACLERE	2.4 CITY-ST-ZIP 3.1 TITLE	[2] A	
NAME		L_J DELETE	3.2 NAME	Change Additi	on
STREET ADDRESS			V		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Пресете	3.4 CITY-ST-ZIP 4.1 TITLE	Па	
NAME		L DELETE	4.2 NAME	Change Additi	ØΠ
STREET ADDRESS					
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		——————————————————————————————————————	4.4 CITY-ST-ZIP 5.1 TITLE		
		☐ DELETE		Change Additi	on
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Пете	5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>	
		L DELETE		Change Additi	on
NAME PTOCCT ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	h this filing does not qualify for t	6.4 CITY-ST-ZIP	ction 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of an officer of	on this annual report or supplemental	annual report is true and accurace from trustee empowered to	rate and that my signature	s shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears	

oyee