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

(7)

LEACHDE & CADCANO DA

FILED

May 05 1998 8:00am

Secretary of State

LLAGO	ne & GANGANO, F.A.				
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	I IBBEBBET TIL OBLIB POTEL FOR IL ITOLI (ODE) BIBEL DIE	ill 81811 91811 91811 91811 1881
1520 ROYAL PALM SO BOULEVARD #260 FT. MYERS FL 33919 US		1520 ROYAL PALM SQ. BLVD. SUITE 260 FT. MYERS FL 33919 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
03		US		01/09/1985	
2. Principal P	Jace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2075		26 PO BOX 2	2527	59-2481389	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 20		27		5. Certificate of Status Desired	Fee Required
City & State	_	City & State	- 1	6. Election Campaign Financing	\$5.00 May Be
	Myers, FL	28 Ft. Myor		Trust Fund Contribution	Added to Fees
Zip 24 33/	90/ 25 USA	Zip 3 3902 3	Country O USA	8. This corporation owes or has paid the c	_ ·
241 3 27	9. Name and Address of Current			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
GARGANO, ANTHONY J. 81 Name				to the transfer of the transfe	, ngum
4500 BOVAL DALLA CO. DILVO			90 Provide	hony J. Gargans	<u> </u>
SUITE 260			82 Street Addre	est (P.O. Box Number is Not Acceptable) West First ST.	
	MYERS FL 33919		63		
			84 City	re # 203	BE Zip Code
			ナナ.1		
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named corporation	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Fiorida. 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					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/OFFACES TO OFFICE AS	Change Addition
NAME	GARGANO, ANTHONY J		1.2 NAME		- · -
STREET ADDRESS	1342 WOODMERE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	S TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	L EASURE, JEFFREY W.		2.2 NAME		
STREET ADDRESS	1504 HILL AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	- December	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME Street Address			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	AND THE RESIDENCE OF THE PARTY	11	6.4 CITY-ST-ZIP		

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 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 an attachment with an address.