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

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M14161 (7) G. JERRY CHIOCCA, CPA, P.A. Principal Place of Business Mailing Address 1 SE THIRD AVENUE 1 SE THRID AVENUE 10TH FLOOR 10TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 HS. 3. Date Incorporated or Qualified 05/01/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2500810 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHIOCCA, G. JERRY 1 SE 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) 10TH FLOOR 83 **MIAMI FL 33131** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature rec OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE CHIOCCA, G. JERRY NAME 1.2 NAME 1 SE THIRD AVENUE 10TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 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 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

CHIOCCA, PRES **SIGNATURE:** 

Addition

Addition

Change

Change