## 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 # 1. Corporation Name

M29422

(6)

FORMIA, INC.

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**FILED** May 12 1998 8:00am Secretary of State

Zip   Country   Zip   Country   Zip   Country   Zip   Country   Sa. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	21073 POWERLINE RD BOCA RATON FL 33433		Mailing Address			1001	
28. Mailing Address 4. FEI Number 59-2724385 Not Applied For Not Applied For Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Code  The Address (P.O. Box Number is Not Acceptable)  Zip  Zip  Code  The Jeast Address (P.O. Box Number is Not Acceptable)  The Least Address of Current Registered Agent appointment as registered office or registered agent, or both, in the State of 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby a			BOCA RATON		3. Date Incorporated or Qualified		
Sulte, Apt. #, etc. Sulte,	2 Principal Place of Business 2e Mailing Adv			frese		Enr	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Zi i implipari iace oi busilicas		— ° '				
City & State City & State City & State City & State Country Zip Country Xip Added to Fees Xib Added to Fees	0.4. 4.4 # -4.						
Trust Fund Contribution Added to Fees  Zip Country 7/Ip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  PERSHES, ROBERT E. 499 NW 70TH AVE., PLANTATION FL 33317  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protein name of registered agent aignature required when renstating)  DATE	22		<del></del>		La. Germicata di Status Desired INT		
PERSHES, ROBERT E.  499 NW 70TH AVE., PLANTATION FL 33317  81  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signalure, lysed or presided name of registered agent agen	City & State		h				
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### PLANTATION FL 33317  ### City  ### City  ### City  ### City  ### City  ### B5 Zip Code  ### City  ### City  ### B5 Zip Code  ### B5 Zip Cod	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
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	SIGNATURE	Standillian Laured at graded name of our later	as at any title it anyt cobbs	INCITE Deciplored Appel	DATE CONTRACTOR OF CONTRACTOR		
	12				<u> </u>	12	

DELETE Change 1.1 TITLE **BORRELLI, ROBERT** 1.2 NAME 260 NW 67TH ST #205 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE **BORRELLI, FIDELE** 2.2 NAME 7453 CAMPO FLORIDO STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME BORRELLI, DINO 3.2 NAME 7630 LAGO DEL MARK DR#9 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY- ST-ZIP ☐ DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DÉLÉTE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 of further experience to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attack ment with an appliess.

INO BORRELLI 4-28-98 (954) 340-2192