


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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M47795 (3) 1. Corporation Name FRANCISCO E. FONTE, P.A.					
Principal Place of Business 9933 PINES BLVD PEMBROKE PINES FL 33024 US			Mailing Address 18700 WENTWORTH DR MIAMI FL 33015-9918		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/05/1987 4. FEI Number 59-2772888 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FONTE, FRANCISCO E 9933 PINE BLVD. PEMBROKE PINES FL 33024			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME		1.1 TITLE	1.2 NAME	
STREET ADDRESS	CITY-ST-ZIP		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
TITLE	NAME		2.1 TITLE	2.2 NAME	
STREET ADDRESS	CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
TITLE	NAME		3.1 TITLE	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
TITLE	NAME		4.1 TITLE	4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
TITLE	NAME		5.1 TITLE	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
TITLE	NAME		6.1 TITLE	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
14. 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.					



DO NOT WRITE IN THIS SPACE

CR2E034 (1097)