

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

FILED
Apr 29 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 # M80616 (9)			
1. Corporation Name MICHAEL PAGANO, III, INC.			
Principal Place of Business 4718 SALVIA STREET NEW PORT RICHEY 34852		Mailing Address 4718 SALVIA STREET NEW PORT RICHEY 34852	
2. Principal Place of Business		2a. Mailing Address	
21 9435 Royal Palm Ave	26 9435 Royal Palm Ave		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State New Port Richey, Fla.	28 City & State New Port Richey, Fla.		
24 Zip 34654	25 County Pasco	29 Zip 34654	30 County Pasco
9. Name and Address of Current Registered Agent PAGANO, MICHAEL, III 4718 SALVIA STREET NEW PORT RICHEY 34852		10. Name and Address of New Registered Agent	
		81 Name Michael Pagano III	
		82 Street Address (P.O. Box Number is Not Acceptable) 9435 Royal Palm Ave	
		83	
		84 City New Port Richey FL	
		85 Zip Code 34654	
11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 4/21/98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	NAME PAGANO, MICHAEL, III	1.1 TITLE	1.2 NAME
STREET ADDRESS 4718 SALVIA ST.	CITY-ST-ZIP NEW PORT RICHEY FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE P	NAME PAGANO, MICHAEL, III	2.1 TITLE	2.2 NAME
STREET ADDRESS 4718 SALVIA ST.	CITY-ST-ZIP NEW PORT RICHEY FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE S	NAME MOLES, SCOTT	3.1 TITLE	3.2 NAME
STREET ADDRESS 7329 CARLTON ARMS DRIVE, APT. C	CITY-ST-ZIP NEW PORT RICHEY FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE VP	NAME PAGANO, RICHARD	4.1 TITLE	4.2 NAME
STREET ADDRESS 4216 HILLSDALE DRIVE	CITY-ST-ZIP NEW PORT RICHEY FL	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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1988

4. FEI Number
59-2894532

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

CR2E034 (10/97)

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.

SIGNATURE: [Signature] 4/21/98 (RM) 218-9916