

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M95939 (8)

1. Corporation Name
ARMENTANO ENTERPRISES, INC.



Principal Place of Business % PAVACO GASHINGTON STREET 2975 WESTCHESTER AVENUE PURCHASE NY 10577	Mailing Address % PAVACO GASHINGTON STREET 2975 WESTCHESTER AVENUE PURCHASE NY 10577
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 90 Paraco Gas Corporation Suite, Apt. #, etc. 22 2975 Westchester Ave City & State 23 Purchase, NY Zip 24 10577	2a. Mailing Address 26 90 Paraco Gas Corporation Suite, Apt. #, etc. 27 2975 Westchester Ave City & State 28 Purchase, NY Zip 29 10577
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3. Date Incorporated or Qualified 08/25/1988	4. FEI Number 13-3490019	Applied For <input type="checkbox"/> 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 ARMENTANO, PAT ACA ACADEMY 38540 VIA MARCIA FRUITLAND PARK FL 34731	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
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENTANO, PAT	1.2 NAME	
STREET ADDRESS	2975 WESTCHESTER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY 10577	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENTANO, JOSEPH	2.2 NAME	
STREET ADDRESS	2975 WESTCHESTER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY 10577	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENTANO, JOHN	3.2 NAME	
STREET ADDRESS	2975 WESTCHESTER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY 10577	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

CF2E034 (10/97)

Pat Armentano 4-22-98 914 696 0077