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FILED

Apr 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15783 (6)

1. Corporation Name

SAN DAMIANO ENTERPRISES, INC.

Principal Place of Business

3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607  
US

Mailing Address

LEGAL SERVICES DEPT  
3003 W. DR. M.L.K. JR BLVD  
TAMPA FL 33607  
US3. Date Incorporated or Qualified  
07/10/19863a. Date of Last Report  
05/01/19964. FEI Number  
59-2822514Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

BIEBEL, JOHN  
3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name  
Mallah, Isaac  
82 Street Address (P.O. Box Number is Not Acceptable)  
3003 W. Dr. M.L.K., Jr. Blvd.  
83  
84 Tampa, FL 85 Zip Code  
33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BIEBEL, JOHN	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	MALLAH, ISAAC	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAWK, GARY	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PITISCI, GILBERT	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLES	
STREET ADDRESS	3003 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, SONDR	
STREET ADDRESS	3003 W. DR. M.L.K., JR. BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	MALLAH, ISAAC
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	Hill, Corina
6.4 CITY-ST-ZIP	3003 W. Dr. M.L.K., Jr. Blvd. Tampa, FL 33607

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079155

CR2E037 (9/96)