

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15783
1. Corporation Name
SAN DAMIANO ENTERPRISES, INC.

Principal Place of Business
3003 W. Dr. M.L.K., Jr. Blvd./Legal Services Dept.
Tampa, FL 33607
US

Mailing Address
3003 W. Dr. M.L.K., Jr. Blvd.
Tampa, FL 33607

3. Date Incorporated or Qualified
7/10/86

4. FEI Number
59-2822514

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

25. Mailing Address
26 Attn: Isaac Mallah
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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
Mallah, Isaac
3001 W. Dr. M.L.K., Jr. Blvd.
Tampa, FL 33607

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 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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Mallah, Isaac	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	Chawk, Gary	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	Pitisci, Gilbert	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	EVP/D	<input checked="" type="checkbox"/> DELETE
NAME	Scott, Charles	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	Hill, Corina	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Polo, Janice
2.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
2.4 CITY-ST-ZIP	Tampa, FL 33607
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Aney, Brent, M.D.
3.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
3.4 CITY-ST-ZIP	Tampa, FL 33607
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Yelvington, Fleury
4.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
4.4 CITY-ST-ZIP	Tampa, FL 33607
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Aubin, Mike
5.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
5.4 CITY-ST-ZIP	Tampa, FL 33607
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isaac Mallah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98 + 870
Date Daytime

CR2E037 (10/97)