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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300006414 (5)

LA CAN	ITABRIA, INC.			I NORMONI DIN TRANSPORTI DENI ANTI ANTI ANTI ANTI ANTI ANTI	1 40 110 8 1111 8 1111 811 11 811 1 1 8 11
Principal Place		Mailing Address			
2940 S.E. 3RD COURT 6465 SW 21ST CT RD					
BLDG. 200 OCALA FL 34474 OCALA FL 34471 US				DO NOT WRITE IN T	HIS SPACE
• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified	
				01/27/1993	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4 -1-	26		65-0384071	Not Applicable
Suite, Apt. :	#, e (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		* Floring Committee Cinematics	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
DIL	ORENZO, MARCUS J		81 Name	Di Lappazza. MAGO	uc T
2840 \$.E. 3RD COURT			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	<u> </u>
	08.200				.
/ 00/	ALA FL 34471		⁶³ 64	6.5 Sw 2lst Ct. R	d .
			84 City		85 Zip Code
44 Durewent t	a the provisions of Sections 607.05	02 and 607 1609 Florida Statut	on the charge person of a	armostica autorita this statement to the	-L 34474
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	es, the above hamed co authorized by the corpo	orporation submits this statement for the purpor ration's board of directors. I hereby accept the	appointment as registered
agent. I ar	m lamiliar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.	11-10-6	Q
SIGNATURE	Signature, typed or filled hanse of gistered as	pent and little if applicable (NOTI	Registered Agent signature rec	guired when reinstating) DA	0
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	Р	☐ DELETE	1.1 TITLE		
NAME	DILORENZO, MARCUS J.		1.2 NAME); LURENZO, SBROW, U:	1
STREET ADDRESS	2840 SE THIRD COURT, #20	00	1.3 STREET ADDRESS	LURENZO, MARON J. 465 SW 21St. Ct. R	d.
CITY-ST-ZIP	OCALA FL				
TITLE		☐ DELETE	2.1 TITLE	0 CA IA, 1-L. 34474	Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		[] AL [] 4.449
TITLE NAME			3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP	**		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELET e	5.1 TITLE	****	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELĒT ē	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and the stand that the factors and the standard	NAME AND A POST OF THE PARTY OF	6.4 CITY+ST-ZIP		
officer or d	on this annual report or supplement	al annual report is true and acci eliver or trustee empowered to e achment with an address.	urate and that my signa	in Section 119.07(3)(i), Florida Statutes. I furthe sture shall have the same legal effect as if made oquired by Chapter 607, Florida Statutes; and the statutes of the statut	e under oath; that I am an nat my name appears in