


1-26-98 B 0756-M
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 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 # P93000019077 (5)
 1. Corporation Name
FIONA CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1070 EAST INDIANTOWN ROAD, SUITE 310, JUPITER FL 33477
 Mailing Address: 1070 EAST INDIANTOWN ROAD, SUITE 310, JUPITER FL 33477

3. Date Incorporated or Qualified: **03/11/1993**
 4. FEI Number: **65-0395754**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fee**
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **BERROCAL, CARLOS J, 1070 EAST INDIANTOWN ROAD, SUITE 310, JUPITER FL 33477**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMEO, VINCENT	1 2 NAME	
STREET ADDRESS	350 BEACH ROAD	1 3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1 4 CITY-ST-ZIP	
TITLE	SDT	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMEO, GUDRUN N.	2 2 NAME	
STREET ADDRESS	350 BEACH ROAD	2 3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2 4 CITY-ST-ZIP	
TITLE	DVP	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURM, GISELA V.	3 2 NAME	
STREET ADDRESS	350 BEACH ROAD	3 3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3 4 CITY-ST-ZIP	
TITLE		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		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		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, 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: _____ DATE: 1-8-98

CR2E034 (10/97)