SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000028101 (2)

NAZZARO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**FILED** Jul 30 1998 8:00am Secretary of State



| 2128 NORTH 2<br>FIAT-22A<br>ARLINGTON VA<br>US   |   | 2128 NORTH 21ST ROAD<br>-STE-1000<br>ARLINGTON VA 22201<br>US |   | DO NOT WRITE IN THE  3. Date Incorporated or Qualified  04/12/1993  | S SPACE   |  |
|--|---|---|---|---|---|--|
| 2. Principal Plane of Bysiness 21 2/28 North 21 Rd Sulte, Apt. #, etc. 22 City & State 23 HY IMA: The control of the control o |   | 2a. Mailing Address<br>26 ZIZS N                              | 1. 215t Rd                                  | 4. FEI Number 59-3179929  | Applied For Not Applicable                        |  |
|  |   | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                    |  |
|  |   | 28 Holington  | N YA  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees   |   |  |
| 24 Zip 22  | 209 25 Country US   | 29 22201  | 30 Country                                  | This corporation owes or has paid the cu<br>Personal Properly Tax due June 30.  | Yes X No  |  |
| ODIE   | 9. Name and Address of Current  | Registered Agent  | 81 Name                                     | 10. Name and Address of New Registered  | 1 Agent   |  |
|  | ib, <b>rob</b> ert v<br>N <b>wes</b> tshore blvd  |   |   |   |   |  |
| SUITE 1000   |   |   | 82 Street Addre                             | 82 Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|  | PA FL 33609   |   | 83  |   |   |  |
|  |   |   | 84 City                                     | FI  | 85 Zip Code                                       |  |
| office or i<br>agent. I a<br>SIGNATURE   | registered agent, or both, in the State of<br>am familiar with, and accept the obligation | Florida. Such change was au<br>ons of, section 607.0505, Flor | uthorized by the corporation idea Statutes. | ration submits this statement for the purpose of on's board of directors. I hereby accept the appointed when reinstating)  DATE | changing its registered<br>bintment as registered |  |
| 12.  | Signature, typed or printed name of registered agent a<br>OFFICERS AND                    |   | 18 Registered Agent signature required 13.  | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 12                                |  |
| TITLE  | PTD   | DELETE  | 11 TITLE                                    |   | Change Addition                                   |  |
| NAME   | NAZZARO, STEWART  | <u></u>   | 1.2 NAME                                    |   |   |  |
| STREET ADDRESS   | 2128 NORTH 21ST ROAD  |   | 1.3 STREET ADDRESS                          |   |   |  |
| CITY-ST-ZIP  | ARLINGTON VA  | ·   | 1.4 CITY-ST-ZIP                             |   |   |  |
| TITLE  |   | DELETE  | 2.1 TITLE                                   |   | Change Addition                                   |  |
| NAME   |   |   | 2.2 NAME                                    |   |   |  |
| STREET ADDRESS   |   |   | 2.3 STREET ADDRESS                          |   |   |  |
| CITY-S1-ZIP  |   |   | 2.4 CITY-ST-ZIP                             |   |   |  |
| TITLE<br>NAME  |   | L_] DELETE  | 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  |   | DELFTE  | 5.1 TITLE                                   |   | Change Addition                                   |  |
| NAME   |   |   | 5.2 NAME                                    |   |   |  |
| STREET ADDRESS   |   |   | 5.3 STREET ADDRESS                          |   |   |  |
| CITY-ST-ZIP  |   | ["Tan   | 5.4 C/TY-ST-Z/P<br>6.1 T/TLE                |   |   |  |
| TITLE  |   | L DELETE  | •   |   | Change Addition                                   |  |
| NAME<br>STREET ADDOCAS   |   |   | 6.2 NAME<br>6.3 STREET ADDRESS              |   |   |  |
| STREET ADDRESS   |   |   | 6.4 CITY-ST-ZIP                             |   |   |  |
| CITY-ST-ZIP  |   |   | ■ 6.4 CHT-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 the tee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chaptered, or on an attachment with an address.