FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058415 (9)

FRANK CERVONI ASSOCIATES, P.A.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			
6502 S.W. 52 TERRACE 6502 S.W. 52 TERRACE MIAMI FL 33155 US US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1993			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
28 Suite, Apt. #, etc. Suite, Apt. #, etc. 27		· · . · . · . · . · . · . · . · .		65-0483810 5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 28	Zip 29 3	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
CERVONI, FRANK JR. 6502 S.W. 52 TERRACE MIAMI FL 33155		81 82	Name Street Addre	iss (P.O. Box Number is Not Acceptal	ble)	
···· · · · · · · · · · · · · · · · · ·		83				
		84	City		FL	85 Zip Code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oping 	a of Florida. Such changa was ai	ITDOOLZAG DV	The corporate	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the app	changing its registered ointment as registered
SIGNATURE Signature, typod or printed name of registered ag	ent and title if applicable (NOTE	Registered Age	nt signature require	d when reinstating)	20/ DATE	13/970

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE TITLE CERVONI, FRANK JR. 1.2 NAME NAME 6502 S.W. 52 TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP Change Addition DELETE 6.1 TITLE TITLE

6.4 CITY-ST-ZIP 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 suppliemental 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 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE