

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

FILED
Jan 29 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 # P93000061029 (3)

1. Corporation Name

MESSINA ASSOCIATES, INC.



Principal Place of Business

1000 SAVAGE CT
LONGWOOD FL 32750

Mailing Address

1000 SAVAGE CT
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

4. FEI Number

59-3200847

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 Fees

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 HIGHLINE DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 150 WISTERIA DR

Suite, Apt. #, etc.

City & State

23 LONGWOOD

Zip

24 32750

Country

25 USA

City & State

28 LONGWOOD FL

Zip

29 32779

Country

30 USA

9. Name and Address of Current Registered Agent

MESSINA, FRANK A
1000 SAVAGE CT
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

MESSINA, FRANK A.

82 Street Address (P.O. Box Number is Not Acceptable)

150 WISTERIA DRIVE

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
MESSINA, FRANK A
1000 SAVAGE CT
LONGWOOD FL 32750

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
MESSINA, MATTHEW F
1000 SAVAGE CT
LONGWOOD FL 32750

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
MESSINA, MAUREEN E
1000 SAVAGE CT
LONGWOOD FL 32750

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
MESSINA, FRANSECO A
1000 SAVAGE CT
LONGWOOD FL 32750

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

150 WISTERIA DRIVE
LONGWOOD FL 32779

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 make 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.

CR2E034 (10/97)