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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062790 (9)

LAW OFFICE OF DENISE B. D'APRILE, P.A.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

9. Name and Address of Current Registered Agent

Principal Place of Business 3872-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952

2. Principal Place of Business

D'APRILE, DENISE B 3872-D TAMIAMI TRAIL

**PORT CHARLOTTE FL 33952** 

Suite, Apt. #, etc.

City & State

Zip

3872-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952

## FILED Mar 12 1998 8:00am Secretary of State

DO NOT WRITE	E IN THIS	S SPACE	
<ol><li>Date Incorporated or Qualified</li></ol>			
09/03/1993			
4. FEI Number		App	olied For
65-0434707		Not	Applicable
5. Certificate of Status Desired		<b>\$8.75</b> A	
Election Campaign Financing     Trust Fund Contribution		\$5.00 a Added to	-
This corporation owes or has pa Personal Property Tax due June		current year Inta	ngible No
10. Name and Address of New Re	gistere	d Agent	
s (P.O. Box Number is Not Acceptal	ble)		

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 by the corporation's board of directors. I hereby accept the appointment as registered

Country

Name

City

Street Addre

30

	Signature, typed or printed name of registered agent and little		F. Registered Agent signature requ		
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	D'APRILE, DENSIE B		1.2 NAME		
STREET ADDRESS	3872-D TAMIAMI TRAIL		1.3 STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		1.4 CiTY+ST-ZiP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change	Additio
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Additi
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Additi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Additio
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITLE	☐ Change	Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTY-\$1-789			6.4 CITY - ST - 7IP		

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 supplier ental 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 of 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 in an attact highly with an address

SIGNATURE:

DENISE B. D'APRILE

S98 94/405703

Zip Code