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 # 1. Corporation Name

P93000063675 (1)

MIRJA I SIPARI, P.A.

Principal Place of Business

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



1313 27 STREET MARATHON FL 33050 US			1313 27 STREET MARATHON FL 33050 US			DO NOT WRITE IN T	HIS SPACE			
							3. Date Incorporated or Qualified 09/13/1993			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	IA	applied For	
21 502	24:	STREET L	2, 2	6 P.O. BOX	50156	,3	65-0436977	· · · · · · · · · · · · · · · · · · ·	lot Applicable	
21 502 34 STREET 0, 21 Suite, Apt. #, etc.				16 <i>f. O. BOX 501563</i> Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22 # 2-6 27 City & State City & State				City & Ctoto					beriupel	
23 MARATHON, FL				EB MARATHON, FL			6. Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip 336		25 /		33050	30 Counti	" <i>US</i>	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes [ntanoible No	
g. Name and Address of Current Registered Agent							10. Name and Address of New Register	red Agent		
SIPARI, MIRJA I						Name	SIPARI MIRJA I		1	
1313 27 STREET MARATHON FL 33050						Street A	Address (P.O. Box Number is Not Acceptable)	# 4/.		
magation is coppe						3	0 87 6. 11-6. 1	<u> </u>		
<u> </u>					84	City		85 Zjp	Code	
Ĺ					ļ -) City //	MARATHON I	تگر (°° عا	Code 3050	
11, Pursuant office or r	to the provisi	ions of Sections 6 ont, or both, in the	07.0502 and State of Eld	1 607.1508, Florida State orida: Such change was	utes, the above	/e-named ov	corporation submits this statement for the purposporation's board of directors. I hereby accept the	se of changing i	its registered	
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 Stopphysics of registered Agents ignature required when reinstaing) DATE DATE										
SIGNATURE	Signalus speil	ly	Sur	- MIKTA	TE Registered Ar	77K/	REGISTERED AGENT required when reinstating) DA'	<u> 3-24-</u>	98	
12.	tagping ryjet		RS AND DIF		13.	jerij sigridia e i	ADDITIONS/CHANGES TO OFFICERS			
TITLE	P			DELETE	1.1 TITLE			T. Land	- L	
NAME	t	, MIRJA I			1.2 NAME	[SIPARI, MIRJA I		Į;	
STREET ADDRESS				1.3 STREET AODRESS		SIPARI, MIRJA I 502 24 STREET 0. MARATHON, FL 330	#26			
CITY-ST-ZIP	MARATHON FL 33050			1.4 CITY-ST-ZIP		MARATHON, FL 330	50			
TITLE			☐ DELETE	2.1 TITLE		, ,	L Change	Addition		
NAME				2.2 NAME				Į.		
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP				DELETE	2. 4 CITY	ST-ZIP		Change	Addition	
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STREET ADDRESS					3.4. CITY-					
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NAME					4. 2 NAME	. [<u></u>		
STREET ADDRESS						T ADDRESS			}	
CITY-ST-ZIP					4.4 CITY-	ST-ZIP				
TITLE				DELETE	5.1 TITLE			Change	Addition	
NAME					5.2 NAME	İ				
STREET ADDRESS					5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP					5.4 CITY-	ST - ZIP				
TITLE				☐ DELETE	6.1 TITLE			Change	Addition	
NAME					6.2 NAME	İ				
STREET ADDRESS					6.3 STREE	T 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 or 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

OLONIATURE.

Len T Cin

3-24-98

305-743-2080