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 # P93000064733 (7)

DAVID RAVASCHIERI, INC.

Principal Place of Business

Mailing Address

235 NOTTINGHAM BLV.

235 NOTTINGHAM BLV.

FILED Apr 16 1998 8:00am Secretary of State



W PALM BEACH FL 33405		W PALM BEACH FL 33405		DO NOT MORE	N THIC COACE		
					DO NOT WRITE I 3. Date Incorporated or Qualified	IN THIS SPACE	
					09/03/1993		
2. Principal Pla	ace of Business	2a. Mailing Address	0 -1		4. FEI Number		Applied For
21		26 1910 Breakers Pointe Way		e Way	65-0440270		Not Applicable
Suite, Apt. #, etc.		27			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28 West Palm Be	each, F	6	Trust Fund Contribution	☐ Ad	ded to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25		10 USA		Personal Property Tax due June		∐ No
DAY	9, Name and Address of Curren	t Hegistered Agent	81 N	ame	10. Name and Address of New Reg	istered Agent	
TATASCHIENI, DATID				u110			
	NOTTINGHAM BLV.		62 St	treet Addres	s (P.O. Box Number is Not Acceptable	e)	
W PALM BEACH FL 33405						·-··	
			~				
			84 C	ity		E 85	Zip Code
44 Durayant b	the provisions of Continue 607 050	2 and 607 1509. Elorida Statutos	the should be	mod sorper	ation submits this statement for the pu	rease of shape	ing its registered
11. Pursuant to office or re	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the	corporation	ation submits this statement for the poly's board of directors. I hereby accept	the appointment	nt as 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 age	nt and tille if applicable (NOTE:	Registered Agent sig	anature required	when reinstalion)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		TORS IN 12
THE	PT	DELETE	1 1 TITLE			Cha	
NAME	ravaschieri, david		1.2 NAME				
STREET ADDRESS	235 NOTINGHAM BLVD.		1.3 STREET ADD	RESS /9/	o becapies follow	way	
CITY-ST-ZIP	W. PALM BCH. FL 33405		1.4 CITY-ST-ZIF	wes	+ Palm Beach, FL	33411	
TITLE	VS	DELETE	2.1 TITLE			Cha	nge Addition
NAME	ravaschieri, Joan e		2.2 NAME		1 2 1 .	_	
STREET ADDRESS	235 NOTTINGHAM BLVD.		2.3 STREET ADD	RESS / 1916	o Breakers Pointe way		
CITY-ST-ZIP	W. PALM BCH. FL 33405		2. 4 CITY - ST - ZI	P 4105	o Bicakers Pointe way of Palm Beach, KL	334/1	
THLE		DELETE	3.1 TITLE			Cha	nge 🔲 Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREET ADD	RESS			i
CITY-ST-ZIP			3.4. CITY - \$1 - ZI	Р			
TITLE		DELETE	4.1 TITLE			☐ Cha	nge 🛄 Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIF	2			
TITLE		☐ DELETE	5.1 TITLE			Cha	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY-ST-ZIP			54 CITY-ST-ZIF				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	ress			
CITY-ST-ZIP			6.4 CITY - ST - ZIF	>			

r nereby 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 chapted, or on an attachment with an address.