

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

FILED

Apr 16 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 # **P94000019154 (1)**

1. Corporation Name
ROBERT MEMOLI, P.A.

Principal Place of Business

Mailing Address

7001-8R-32
SUITE 2
BAYONET POINT FL 34607
US

7001-8R-32
BAYONET POINT FL 34607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

4. FEI Number

59-3228895

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

1248-D SEVEN SPRINGS BLVD

2. Principal Place of Business

2a. Mailing Address

21 CENTURY 21 PALM REALTY

26 CENTURY 21 PALM REALTY

22 Suite D

27 Suite D

23 NEW PORT RICHEY, FL

28 NEW PORT RICHEY, FL

24 34655 **25 USA**

29 34655 **30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEMOLI, ROBERT
1817 US HWY 19
HOUDAY FL 34601

1248 D SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL
34655

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP MEMOLI, ROBERT**
STREET ADDRESS **10451 LAKEVIEW DRIVE 7851 TENBY CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP MEMOLI, Robert**
1.3 STREET ADDRESS **ADDRESS**
1.4 CITY-ST-ZIP **←**

TITLE ☐ DELETE
NAME **DVST MASSEO, CHRISTINE**
STREET ADDRESS **8244 PANDA LN 1427 STROUD CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DVST MASSEO, christine**
2.3 STREET ADDRESS **ADDRESS**
2.4 CITY-ST-ZIP **←**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

Robert Memoli, Robert Memoli, 3-25-98 (813) 372-2121 x103

CR2E034 (10/97)