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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400030674 (3)

JOSEPH RAISSI & COMPANY, INC.

Principal Place of Business Mailing Address 6740 CROSSWINDS DRIVE N. P.O. BIX 8108 **SEMINOLE FL 34648-8108** ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3236059 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHNELL, RONALD H Name 3535 FIRST AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 83 84 City 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, f am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change [] Addition RAISSI, JOSEPH NAME 1.2 NAME 7651 128TH STREET NORTH STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE Change Addition BAYLESS-RAISSI, CONNIE NAME 2.2 NAME 7651 128TH STREET NORTH STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Channe Addition NAME 3.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stelled in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my prignature 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-7IP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

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TITLE

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May 11 1998 8:00am

Secretary of State