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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000089000 (1) DOCUMENT #

TOMASELLI & CO., P.A.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1500 CORDOVA RD. 1500 CORDOVA RD. SHITE 202 SHITE 202 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33316-2190 FT. LAUDERDALE FL 33316-2190 3. Date Incorporated or Qualified 12/08/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0368598 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOMASELLI, JOHN J 1500 CORDOVA RD. Street Address (P.O. Box Number is Not Acceptable) SUITE 202 FT. LAUDERDALE FL 33316-2190 84 Zip Code 85 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 # applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition DELETE TITLE 1.1 TITLE TOMASELLI, JOHN J NAME 1.2 NAME CR2E034 4100 GALT OCEAN DR., # 1106 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP __ DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-SE-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual report or difference or director of the corporation or the receiver of trust Block 12 or Block 13 if changed, or on an attachment with does not qualify for the expression stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the istrue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

SI 11 Bot. Fromvelli

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