## 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 # P95000024157 (6)

AUGUST & MESSINA ENTERPRISES, INC. Principal Place of Business Mailing Address 2801 SW 9 AVE 2801 SW 9 AVE FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0563363 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ Ño 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MESSINA, LISA M 81 Name 1005 TANGELO ISLE-82 Address (P.O. Box Number is <del>-2001 SW 9TH ST -</del> 83 FT. LAUDERDALE FL 33315 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition MESSINA, LISA M NAME 1.2 NAME 2801 SW 9 AVE " STREET ADDRESS 1313 500174-84 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETÉ 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY - ST - ZIP

SIGNATURE: MANAGEMENT

City-St-7iP

2/28/90

**FILED** 

Mar 31 1998 8:00am

Secretary of State