## 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 #

P95000047561 (2)

35 S LEMON, INC.

## **FILED** Feb 09 1998 8:00am Secretary of State



L							
Principal Place of Business Mailing Address				i sentradt tilb låtat filter nastit nätti batti dätt	i Brain indel annih Buidt (181 inde		
35 8 LEMON		35 S LEMON AVE					
SARASOTA FL 34236		SARASOTA FL 34236			DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	7,100,100	
					06/16/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0611346	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		T. Soldied of States Seption	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees		
Zip 24	<b>b</b> ' ' <b>b</b> '		<del> </del> -₁	y	8. This corporation owes or has paid the	e current year Intangible  Yes  No	
24	9, Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registe		
DE	<del></del>	ALC PRODUCTION PRODUCTION	8	1 Name	10.		
PERINE, DOLORES A 35 S LEMON AVE			L				
	RASOTA FL 34236		8.	2 Street A	Address (P.O. Box Number is Not Acceptable)		
) SA	INDUINTE STEED		8	3	pyragings Pro-		
			8	4 City		<b> 65</b> Zip Code	
						FL	
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 registored ag	rent and title if applicable (NO	TE. Registered A	oent signature	required when reinstating) DA	JE .	
12. OFFICERS AND DIRECTORS			13.	9	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	DELETE	1,1 TITLE			Change Addition	
NAME	PERINE, DOLORES A		1.2 NAME				
STREET ADDRESS	35 S LEMON AVE		1.3 STRE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY	ST-ZIP			
TITLE	0	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	VENAFRO, MICHAE G		2.2 NAMI	: ]			
STREET ADDRESS	5342 MONTCLAIR PL		2.3 STAE	et address			
CITY-ST-ZIP	SARASOTA FL		2. 4 C/TY	- ST - ZIP			
TITLE	DELETE		9.1 TITLE	1		☐ Change ☐ Addition	
NAME	VENAFRO, DAVID		3.2 NAME	- 1			
STREET ADDRESS			1	1 ADDRESS		1	
CITY-ST-ZIP			3.4. CITY			☐ Change ☐ Addition	
TITLE			4.1 TITLE	!		C Ondrigo C Modifich	
NAME CARCEL LODDICED	VENAFRO, LOUIS J		4. 2 NAM				
STREET ADDRESS	3613 BELMONT BLVD SARASOTA FL 34232			T ADDRESS			
CITY-ST-ZIP TITLE			4.4 CITY - 5.1 TITLE	31-41		Change Addition	
NAME			5.2 NAME	, 1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TrTLE	0. 411		☐ Change ☐ Addition	
NAME		_	6.2 NAME			. –	
STREET ADDRESS			4	T ADDRESS		1	
CITY-ST-ZIP			6.4 CITY -	1			
	actify that the information synolied w	with this filling does not qualify t			d in Section 119 07(3)(i) Florida Statutes I furthe	or certify that the information	

Interest countries in information supplied with this ming does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.

941-316-0225