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 # P95000074201 (1)

GIARDINI & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Mar 11 1998 8:00am Secretary of State



Principal Place	e or Business	Mailing Address				
309 GREEN R		309 GREEN REED RD.				
DEBARRY FL	32713	DEBARRY FL 32713		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	J OI AOL	
				09/26/1995		
2. Principal P	lace of Business	2a. Mailing Address	. <u>.</u>	4. FEI Number	Applied For	
	SAGEBRUSH CIACLE	26 6863 SAGEBRU	ed Cioria	NOT APPLICABLE	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	on Charce		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 SARAS		28 SARASOTA FL	orida	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c		
24 84243-	5345 25 MANATEE	2934248-5345	30 MANATEE	Personal Property Tax due June 30.	Yes Mo	
	9. Name and Address of Curren		33, 1, 4, 1, 1, 1, 1, 1, 1	10. Name and Address of New Registered		
GR	EGORIA, RIC		81 Name			
AND COLUMN ADAMOF AVE			22 2	0		
SARASOTA FL 34236			82 Street Address (P.O. Box Number is Not Acceptable)			
ON	14400 IA 1 E 07200		B3			
				<u>.</u>		
			84 City	FI	85 Zip Code	
44 Durement t	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	os the about named so			
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered	
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.			
SIGNATURE .						
12.	Signature, typed or printed name of registered ago OFFICERS ANI		Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 19	
TITLE	PT OF SCENS AND	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AS	Change Addition	
NAME	GIARDINI, GREGORY L		1.2 NAME		C overige C ventori	
	309 GREEN REED RD.					
STREET ADDRESS	= -		1.3 STREET ADDRESS			
CITY-ST-ZIP	DEBARRY FL 32713	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
=	S CIADDINI MADILVALI	C ottere			C original D vocation	
NAME	GIARDINI, MARILYN J		2.2 NAME			
STREET ADDRESS	309 GREEN REED RD.		2.3 STREET ADDRESS	the second section of the second section is		
CITY-ST-ZIP	DEBARRY FL 32713	DELETE	2.4 CITY-ST-ZIP		Ohanna Addition	
TITLE		[] DELEGE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		TT nevere	3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TOTLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		∟ DELE TE	6.1 TITLE		☐ Change ☐ Addition	
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			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	<u>:</u>		6.4 CITY-ST-ZIP			
				n Section 119.07(3)(i), Florida Statutes. I further o		
indicated of officer or of	on this annual report or supplementa director of the corporation or the rece	I annual report is true and accuiver or trustee empowered to e	rate and that my signat xecute this report as re	ure shall have the same legal effect as if made u quired by Chapter 607, Florida Statutes; and that	nder oath; that I am an my name appears in	