FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

14. I hereby certify that the information supplied w

indicated on this annual report or supplied that this filing do indicated on this annual report or supplied that annual report of supplied that annual report of the corp into or the receiver or trust of Block 12 or Block 13 if changed, or or an attachment with an

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093720 (7)

THE LAW OFFICES OF C. VINCENT LOCURTO, P.A.

Principal Place of Business Mailing Address 6245 NORTH FEDERAL HIGHWAY 6245 NORTH FEDERAL HIGHWAY SUITE 503 SUITE 503 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3. Date Incorporated or Qualified 12/11/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0626015 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LOCURTO, CLIFFORD V **8245 NORTH FEDERAL HIGHWAY** Street Address (P.O. Box Number is Not Acceptable) SUITE 503 63 FT. LAUDERDALE FL 33308 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. 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 rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PCT DELETÉ Change Addition 1.1 TITLE TITLE LOCURTO, CLIFFORD V. NAME 1.2 NAME **6245 NORTH FEDERAL HIGHWAY SUITE 503** STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERADLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIF DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY - ST - ZIP

FILED Apr 22 1998 8:00am Secretary of State



Change

Addition