## 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

P96000007214 (5) **DOCUMENT** #

Country

SIGNATURE: Daniel S. Catalfuno

g, Name and Address of Current Registered Agent

25

CATALFUMO, DANIEL S 4300 CATALFUMO WAY

FLAGLER ONE, INC.

4300 CATALFUMO WAY PALM BCH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

23

24

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

4300 CATALFUMO WAY PALM BCH GARDENS FL 33410

26

29

## **FILED** Mar 30 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

(Flat

184-8000

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

01/23/1996

65-0648910

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

PALM BCH GARDENS FL 33410			ļ <u> </u>	
			83	
			B4 City	■■ 85 Zip Code
			SA ONY	FL   PCOUR
office or r	to the provisions of Sections 607,0502 and 607 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, t	. Such change was a	uthorized by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature: typaid or printed frame of registrous again and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CATALFUMO, DANIEL S		1.2 NAME	
STREET ADDRESS	4300 CATALFUMO WAY		· 1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	·
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 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	
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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			6.4 CITY-ST-ZIP	Continue 440 07/0V/). Florido Chabras Lá rebos politicabas de la continue de la c
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 affact 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 602, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.				

Country

Name

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