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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600009406 (5) PETER V. ESPOSITO, INC. Principal Place of Business Mailing Address 2986 EAGLE TRAIL 2986 EAGLE TRAIL CLEARWATER FL 34621 CLEARWATER FL 34621-2801 3. Date incorporated or Qualified 3a. Date of Last Report 01/30/1996 2, Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 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 Trust Fund Contribution Added to Fees Country Country Zip Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ESPOSITO, PETER V 2986 EAGLE TRAIL Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34621** 83 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TOLE 1.1 TITLE ESPOSITO, PETER V 1.2 NAME NAME 2988 EAGLE TRAIL 1.3 STREET ADDRESS STREET ACCRESS **CLEARWATER FL 34821** CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITL€ TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CLEAR WATER, PL. 3462 2.4 CITY-ST-ZIP CHTY - ST - ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS 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 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 applemental 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 of t I am an officer or director of the corrappears in Block 12 or Block 13 if pl

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5 4 CITY-SY-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-7/P

☐ Change

Addition

**FILED** 

Feb 18 1997 8:00am

Secretary of State