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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P96000017686

29

9. Name and Address of Current Registered Agent

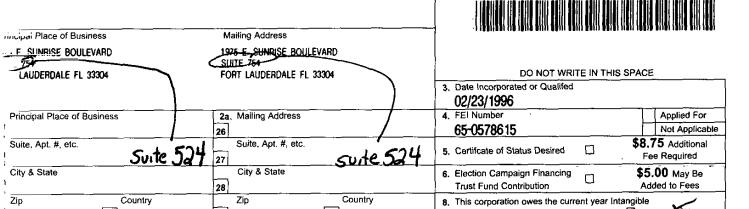
Corporation Name

LAW OFFICE OF CHRISTOPHER A. NARDUCCI, P.A.

25

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90061 022 ***150.00



Personal Property Tax.

10. Name and Address of New Registered Agent

NARDUCCI, CHRISTOPHER A ESQ.

1975 E SUNRISE BOULEVARD

SUITE 754

FORT LAUDERDALE FL 33304

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

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

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

84 City

85 Zip Code

81

30

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 applicat	ole (NOTE: Re	gistered Agent signature (required when reinstating) DATE			
OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	PVST	DELETE	11 TITLE] Change	☐ Addition	
	NARDUCCI, CHRISTOPHER A		1,2 NAME				
_ I ALKINTLUG	1975 E. SUNRISE BOULEVARD, SUITE 754		1.3 STREET ADDRESS			•	
ST ZIP	FORT LAUDERDALE FL 33304		1.4 CITY+ST-ZIP				
刁	D	DELETE	2.1 TITLE	\	Change	Addition	
	NARDUCCI, CHRISTOPHER A		2.2 NAME				
LALKORE33	1975 E. SUNRISE BOULEVARD, SUITE 754		2.3 STREET ADDRESS			(
ST-ZIP	FORT LAUDERDALE FL 33304		2, 4 CITY-ST-ZIP				
	Tr	☐ DELETE	3.1 TITLE	T.C	Change .	Addition	
	KAR'		3.2 NAME	KAREN NARDUCCI 1975 E. Sunnse Blud, Suite Fort Lauderdale, Flonda 33	524		
LANDRESS			3.3 STREET ADDRESS	1975 E. SUNNIE BLVA, SUITE			
ST-ZIP		'	3.4. CITY-ST-ZIP	Fort LAuderdale Florida 35	<u> 3304</u>		
		☐ DELETE	4,1 TITLE	,] Change	Addition	
			4 2 NAME				
LADDRESS			4.3 STREET ADDRESS				
ST-ZIP			4.4 CITY-ST-ZIP				
		☐ DELETE	5.1 TITLE] Change	Addition	
			5.2 NAME		•	i	
I ADDMESS			5.3 STREET ADDRESS			•	
ST-ZIP			5.4 CITY-ST-ZIP				
		DELETE	6.1 TITLE] Change	☐ Addition	
į			6.2 NAME				
I ADDRESS			6.3 STREET ADDRESS	,			
ST-ZIP			6.4 CITY-ST-ZIP	d in Section 110 07/2Vi) Elected Statutes further cortifu			

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 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 part an address, with all other like empowered.

ATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

9547613357 Daytime Phone #

CROEDSA

No

☐ Yes