

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

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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026240 (7)

1. Corporation Name

ALLANTE MANAGEMENT COMPANY

Principal Place of Business

1326 N. DIXIE HIGHWAY
SUITE 6
LAKE WORTH FL 33460

Mailing Address

1326 N. DIXIE HIGHWAY
SUITE 6
LAKE WORTH FL 33460



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

65-0676231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 5085 MONTAREY LANE

2a. Mailing Address
26 P.O. BOX 1617

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 DEL RAY BEACH FL

27 City & State

28 BOCA RATON FL

24 Zip

33484

Country

USA

29 Zip

33429

Country

USA

9. Name and Address of Current Registered Agent

PARISI, PAUL A
1326 N. DIXIE HIGHWAY
SUITE 6
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
PARISI, PAUL A.

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

5085 MONTAREY LANE

83

84 City

DEL RAY BEACH

FL

85 Zip Code

33484

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPD
MANINO, ANTHONY
1326 N. DIXIE HIGHWAY
LAKE WORTH FL 33460 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PARISI, PAUL A
5250 LAS VERDES CIRCLE #115
DELRAY BEACH FL 33484 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
MANINO, ANTHONY
PO BOX 1617
BOCA RATON FL 33429 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V.P.
PARISI, PAUL A
5085 MONTAREY LANE
DELRAY BEACH FL 33484 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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 on my appointment with an address.

SIGNATURE

ANTHONY MANINO 2-23-98 1561-9642323

CP2E034 (10/97)