## 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

DOCUMENT #

P96000037134 (9)

CORSINI, INC.

Trinoipai i lace di Besinoss
1703 BERMUDA COURT
SAFETY HARBOR FL 34695

Suite, Apt. #, etc.

City & State

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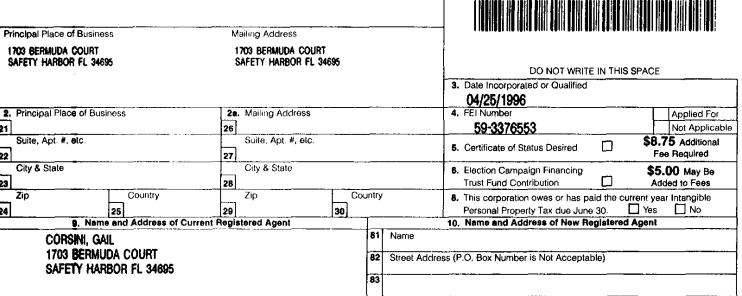
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Zip

## **FILED** May 05 1998 8:00am Secretary of State

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

•	egistered agent, or both, in the State of Florida, Such m familiar with, and accept the obligations of, Section	n 607.0505, Florid	da Statutes.	oration a board of this	sciors. Thereby accept the a	ppointment as	rogistorou
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	le (NOTE F	Registered Agent signature	required when reinstating)	DATE	<del></del>	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PVST	DELETE	1.1 TITLE			Change	Additio
NAME	ÇORSINI, GAJL		1.2 NAME				
STREET ADDRESS	1703 BERMUDA COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>		1.4 CITY-ST-ZIP				
ITLE	D	DELETE	2.1 TITLE			Change	Additio
NAME	CORSINI, GAIL		22 NAME				
STREET ADDRESS	1703 BERMUDA COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2. 4 CITY-ST-ZIP				
TILE		DELETE	3.1 TITLE			Change	Additio
iame (			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TLE		DELETE	4.1 TITLE			Change	Additio
IAME			4. 2 NAME				
TREET ADDRESS		:	4.3 STREET ADDRESS				
XTY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Additio
(AME			5.2 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
OTY-ST-ZIP			5.4 CITY-ST-ZIP				
ITLE		DELETE	6.1 TITLE			Change	Additio
NAME		'	6.2 NAME				
STREET ADDRESS		;	6.3 STREET ADDRESS				
		j					

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 out in an attraction and address.