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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000044132 (4)

cipal Place of Business	Mailing Address
O GULF BOULEVARD. #505	4450 GULF BOULEVARD. #505
PETE BEACH FL 33706	ST. PETE BEACH FL 33706

FILED Feb 27 1998 8:00am Secretary of State

TEMPI-ALLEGRO CORP.									
Principal Place	e of Business	Mailing Ad	Idross				-	L (ODELDEN TO LOUIS SYNY DENT CONTROLLING STATE OF A DESCRIPTION OF STATE O	
· .	OULEVARD. #505		F BOULEVARD	#5/5			ŀ		
ST. PETE BE/			BEACH FL 33						
				-			ļ	DO NOT WRITE IN THIS SPACE	_
								3. Date Incorporated or Qualified	
5 5 2 2 3 3	D							06/01/1996	4
	ace of Business	2a. Mailing	Address				ļ	4. FEI Number Applied For	╣
Suite, Apt.	# olo	26 Suite /	Apt. #, etc.				—⊣	59-3383136 Not Applicable	4
22	#, etc.	27	φει. w, etc.					5. Certificate of Status Desired Security Securi	
City & State	9	City & S	State					6. Election Campaign Financing \$5.00 May Be	1
23		28					- 1	Trust Fund Contribution Added to Fees	
Zip	Country	Zip Cou			ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29		30			- 1	Personal Property Tax due June 30. Yes Mo	
	g, Name and Address of Current	Registered A	gent					10. Name and Address of New Registered Agent	_
MA	TTIOLI, ROBERT		_		81	Name			
	O GULF BOULEVARD, #505			-	82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)	\dashv
	PETE BEACH FL 33706								
				1	вэ				ı
				ł	84	City		85 Zip Code	1
				İ		•		FL []	╛
11, Pursuant I office or re agent. Lai	to the provisions of Sections 607 0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607,1508, of Florida Such lions of Section	, Florida Statu ochange was o 607.0505, F	ites, the ab authorized forida Stati	by by utes	named the corp	corpor poration	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
CICNIATURE									
SIGNATORIL	Signature, typed or printed havie of regulariod agen	Land title day phoabl	le (ÑÓ	TE: Registered	Age	nt signature	required	when reinstaling) DATE	_ 6
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12]
TITLE	P		☐ DELETE	1 1 T)T	LE			Change Addition	1
NAME	MATTIOLI, EILEEN	_		1.2 NA		Į			١
STREET ADDRESS	4450 GULF BOULEVARD, #50	5				address			ļ
CITY-ST-ZIP	ST. PETE BEACH FL 33706		- Origin	1.4 CIT	_	T-ZIP			43
TITLE	VP		DELETE	2.1 TiT				Change Addition	1
NAME	MATTIOLI, ROBERT	-		2.2 NA		į			ļ
STREET ADDRESS	4450 GULF BOULEVARD, #50	5				ADDRESS		* *	1
CITY-ST-ZIP	ST. PETE BEACH FL 33706		DELETE	2 4 CI		T - ZIP		☐ Change ☐ Addition	┨
TITLE			L. OLULIE	3.1 111				C Change C Audulton	
NAME OTDEET ADDRESS				3.2 NA		ADDRESS			ļ
STREET ADDRESS				3.3 S1					
CITY-ST-ZIP			DELETE	4.1 TIT		II-ZIP		Change Addition	1
NAME				4.2 N/		Ì			1
STREET ADDRESS						ADDRESS			ı
						I-ZIP			١
CITY-ST-ZIP TITLE			DELETE	5.1 TIT	_	1-217		Change Addition	┨
NAME				5.2 NA		ŀ		الكرارون المناهم المنا	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 CIT		1			1
TITLE			DELETE	6.1 TIX	_	·		Change Addition	1
NAME		,		62 NA		ļ		The second secon	1
STREET ADDRESS						address			
CITY-ST-ZIP				6.4 CIT					1
	ertify that the information supplied with	h this filma dae	e not qualify t				d in Se	action 119 07(3)(i). Florida Statutes, I further certify that the information	4

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes, I further certify that the information indicated on this annual report of supplied under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in