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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthama

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000047173 (5) MUSCARELLA INITIATIVES, INC. Principal Place of Business Mailing Address 4536 N. UNIVERSITY DRIVE 4536 N. UNIVERSITY DRIVE LAUDERHILL FL 33351 LAUDERHILL FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0670735 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 30 Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent MUSCARELLA, RONALD 4536 N. UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33351 83 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. NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition TITLE MUSCARELLA, RONALD M 1.2 NAME 4536 N. UNIVERSITY DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE MUSCARELLA, DOMENICA M NAME 2.2 NAME 4536 N. UNIVERSITY DRIVE 2.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change __ Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS

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 arnual 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 trusted 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 an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

11 14 11 11 11 11 11

SIGNATURE: Y

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

IL COMMED GAL

Guell M. Muserella

Addition

Change

FILED

May 01 1998 8:00am

Secretary of State