

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

FILED

**Apr 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052155 (4)
1. Corporation Name
8855 S.E. BRIDGE ROAD, INC.



Principal Place of Business: **6671 WEST INDIANTOWN ROAD STE 62 JUPITER FL 33458-3984**
Mailing Address: **6671 WEST INDIANTOWN ROAD STE 62 JUPITER FL 33458-3984**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **06/17/1996**

21. Principal Place of Business: **8855 S.E. BRIDGE RD.**
22. Suite, Apt. #, etc.:
23. City & State: **JUPITER, FL**
24. ZIP: **33455**
25. Country: **MARSHALL ISLANDS**

26. Mailing Address: **612 N. ORANGE AVE.**
27. Suite, Apt. #, etc.: **SUITE D-5**
28. City & State: **JUPITER, FL**
29. ZIP: **33458**
30. County: **ADAM BACH**

4. FEI Number: **APPLIED FOR 65-0682931**
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

9. Name and Address of Current Registered Agent:
**CIOFFI, MICHEAL J
16220 MELLEN LANE
JUPITER FL 33478**

10. Name and Address of New Registered Agent:
81. **MICHAEL J. CIOFFI**
82. Street Address (P.O. Box Number is Not Acceptable): **612 N. ORANGE AVE.**
83. **SUITE D-5**
84. City: **JUPITER** FL 85. ZIP Code: **33458**

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]* **MICHAEL J. CIOFFI PRESIDENT 2-5-98**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D CIOFFI, MICHAEL J 6671 WEST INDIANTOWN ROAD STE 62 JUPITER FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT MICHAEL J. CIOFFI
<input type="checkbox"/> DELETE	D VEGLIA, ROBERT 6671 WEST INDIANTOWN ROAD STE 62 JUPITER FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VICE-PRESIDENT ROBERT L. VEGLIA
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	612 N. ORANGE AVE. SUITE D-5 JUPITER, FL 33458
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	JUPITER, FL 33458
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

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 an attachment with an address.

SIGNATURE: *[Signature]* **MICHAEL J. CIOFFI PRESIDENT (561) 745-0482**

CR2E034 (10/97)