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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600053344 (3) ACE GRADING SERVICE, INC.				
Principal Plac	e of Business	Mailing Address		
2032 46TH ST. S.W.		2032 46TH ST. S.W.		
NAPLES FL 34116		NAPLES FL 34116		
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a, Mailing Address		06/20/1996 4. FEI Number Applied For
21		26		4. FEI Number Applied For 65-0675525 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29 Annt Pagletered Agent	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
186		in riegisteled Ageitt	81 Nam	
	BLIAZZO, ROCCO A D1-A 28TH AVE. S.W.			
	PLES FL 33999		82 Stree	at Address (P.O. Box Number is Not Acceptable)
1474	. 00000		83	- Marine - Andreader
			84 City	[ac] 7. Cod.
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the above-name	ed corporation submits this statement for the purpose of changing its registered or
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	It: Registered Agent signati	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETÉ	1.1 TITLE	Change Addition
NAME	MIGLIAZZO, ROCCO A		1.2 NAME	
STREET ADDRESS	4791-A 28TH AVE. S.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP	
TITLE NAME		C DELETE	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	,
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	'
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	;
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DEL e te	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	·
CITY-ST-ZIP		DELETE	5.4 CITY-S1-ZIP	Channe Classical
TITLE		☐ OELEIE	6.1 TITLE	Change Addition
NAME STREET ADDRESS			6.2 NAME	.
STREET ADDRESS			6.3 STREET ADDRESS	·

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: M. M.M.

Nove Anthon Miles 1/18/48/04/352-959