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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P96000 PNY J. REITANO, P.A.	0076460 (0)			
Principal Plac	e of Business	Mailing Address		- I 18814901 HE IDIIA DIIK DAIK DEKK DEKK DEKK IDIK I	1984) OLDIA OIIII OBII 1891
- 8310 W HILLSBORO BLVD		-0310 W HILLSBORD BLVD -DEERFIELD BOH FL 33442 -US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				09/13/1996	
	lace of Business	2s. Mailing Address	7.7.7.	4. FEI Number	Applied For
	DIXIE HIGHWAY	26 400 S DIXIE	HIGHWAY	65-0690901	Not Applicable
Suite, Apt. SUITE	#, etc. E 128	Suite, Apt. #, etc. 27 SUITE 128		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 BOCA	e RATON, FLORIDA	City & State 28 BOCA RATON.	FLORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	ent year Intangible
24 33432			US		Yes No
	9. Name and Address of Current	Hedisteled Võetit	81 Name	10. Name and Address of New Registered A	gent
REITANO, ANTHONY J - 3310 W HILLSBORG BLVD DEERFIELD BOH FL 33442			82 Street Add 4 0 0	fress (P.O. Box Number is Not Acceptable) S DIXIE HIGHWAY E 128	
			84 City	RATON FL	85 Zip Code 3 3 4 3 2
11. Pursuant office or re agent I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	P and 607 1508, Florida Statutes of Florida, Such change was autions of, Section 607,0505, Flori	the above-named cou	poration submits this statement for the purpose of ation's board of directors. I hereby accept the appo	hanging its registered
SIGNATURE	Signature typed or printed name of registered ager	at and title if applicable (NOTE)	Regislered Agent signature requ	ured when reinstating) DATE	
12.	OFFICERS AND	·	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	REITANO, ANTHONY J		1.2 NAME		
STREET ADDRESS	-9910 W HILLEBORO BLVD		1.3 STREET ADDRESS	400 S DIXIE HIGHWAY, SU BOCA RATON, FLORIDA 33	ITE 128 432
CITY-ST-ZIP TITLE	-DEERFIELD BCH FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME			2.1 INCE 22 NAME	•	_ Cliange _ Radinon
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			<b>B</b>		
STREET ADDRESS			3.2 NAME		
			3.2 NAME 3.3 STREET ADDRESS		
City-St-ZIP					
CATY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADORESS		Charige Addition
		☐ DELETE	3.3 STREET ADORESS 3.4. City-St-Zip		Change Addition
TITLE NAME STREET ADDRESS		DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.3 STREET ADDRESS 3.4. DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Charge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		<del>-</del>	3.3 STREET ADDRESS 3.4. DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<del>-</del>	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		[_] DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		<del>-</del>	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 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 ennual 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 offmowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ctyrtiged or on an attachment with an address.

20 ANTHONY J NETTAND 4-24.58

561-392-484

**FILED** 

May 01 1998 8:00am

Secretary of State