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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083742 (2)

DAVID L. PUCINO, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



717 WATERFALL CIRCLE DELTONA FL 32725				717 WATERFALL CIRCLE DELTONA FL 32725				<u></u>		DO NOT WRI		SPACE		
								3.	10/07/1996	ed or Qualifier	t			
	lace of Busines	35	2a. M	2a. Mailing Address				4.	FEI Number				Ap	olied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					59-341184	5				Applicable
22			27	27				5.	Certificate of Sta	lus Desired				dditional quired
City & State 23				Cily & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	-	Country	F1	Zip Countr			8. This corporation owes or has paid the current year Intar							
24	25 9. Name and Address of Current			[29] 30] Registered Agent			•	Personal Properly Tax due June 30. No. Name and Address of New Registered Agent						
PU	CINO, DAVID				81	I N	lame		Mario Mila Paga	000 01 11011 1	togistored i	-your		
717 WATERFALL CIRCLE						<u> </u>	Street Address (D.O. Box Number is Not Assessed by							
DELTONA FL 32725								ress (P.O. Box Number is Not Acceptable)						
					83	3								
					84	C	ity				FL	85	Zip C	ode
OTHER OF F	egi ste red agen	t, or both, in the S	state of Florida.	1508, Florida Statut Such change was ection 607.0505, Fl	authorized b	ıv the	med corpora	poration tion's bo	submits this sta pard of directors	tement for the	nurnana of	changi ointmer	ing its	registered egistered
SIGNATURE		printed name of registers		·	[Fleg-stored Ar					 				
12.	Signature, typical to p		AND DIRECTO	*** *** ***	13.	gerit sij	gnaturo requ		DDITIONS/CHAN	IGES TO OFF	DATE ICERS AND	DIREC	TORS	IN 12
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NAME	PUCINO, (1.2 NAME				cino, Dav	id L				
STREET ADDRESS		RFALL CIRCLE			1.3 STREE	T ADD	RESS		7 Waterfa					
CITY-ST-ZIP	DELTONA	FL 32725	·		1.4 CHY-	ST-ZH	Р	De	ltona Fl	32725				
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CITY-ST-ZIP TITLE		— /**	···································	DELETE	2 4 City-	St-21	P					Chai	nne	Addition
NAME					3.2 NAME						•		.a.	
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TITLE :				DELETE	4.1 TITLE							Char	nge	Addition
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CITY-ST-ZIP				— — — — — — — — — — — — — — — — — — —	4.4 CITY-	ST - 71F	·							
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CITY-ST-ZIP				DELETE	5.4 CITY-1	51 - ZIF	<u> </u>					Char	מח	Addition
NAME					6.2 NAME								iAr	LI KOOIIIOII
STREET ADDRESS					6.3 STREE	I ADDI	RESS							
CITY-ST-ZIP					6.4 CITY - 5		- 1							
14. I hereby co	ertify that the in	formation supplie	d with this filing	does not qualify to	or the exemn	dion	stated in	Section	119.07(3)(i), Flo	rida Statutes.	I further cer	tify that	the i	nformation
officer or o	on this annual r dire cto r of the c	epart or suppliem	ental annual rep receiver or trus	port is true and acc toe empowered to (surate and th	al m	ıy signatu	ire shall	have the same le	egal effect as	if made und	ler oath	: that	Lam an