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

PROFIT CORPORATION ANNUAL REPORT

1998



317 SOUTH HOWARD AVENUE

317 SOUTH HOWARD AVENUE

TAMPA FL 33606

MARMON, LARRY

TAMPA FL 33606

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000085153 (0)

PUCCISERRA, INC.

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Principal Place of Business		Mailing Address				i indiiddi iid idiid driit daire adiir adiir adiir idial idid	1 11881 21148 bitt 1001	
317 SOUTH HOWARD AVENUE TAMPA FL 33606		317 SOUTH HOWARD AVENUE TAMPA FL 33606						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
1						10/15/1996		
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	Applied For	
21		26				59-3416218	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.					8.75 Additional	
22		27				b. Certificate of Status Desired	Fee Required	
City & State		City & Stale					\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zìp	Country Zip C		Country		This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30.		
e. Name and Address of Current Registered Agent				٠,		10. Name and Address of New Registered Age	<u>nt</u>	
O'LEARY, D. MICHAEL ESQ				81	Name			
101 E KENNEDY BLVD			82	Street	Address (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)		
SUITE 700			Щ					
TAMPA FL 33602			83					
				84	City	- 8	5 Zip Code	
					•	FL	·	
Office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa	is autho	rized by	the car	corporation submits this statement for the purpose of chapporation's board of directors. I hereby accept the appoint	inging its registered ment as registered	
SIGNATURE								
	Signature, typod or printed name of registered age				nt signature	e required when reinstating) DATE	DECTORO IVI 40	
12.				13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIF	Change Addition	
TITLE	DP		- 1			 	Onlinge	
NAME	SERRA, ANTONIO			1.2 NAME				
STREET ADDRESS 317 SOUTH HOWARD AVENUE			1.3 STREET ADORESS					
CITY-ST-ZIP	TAMPA FL 33606		_	1.4 CITY - ST - ZIP			Change Addition	
TITLE	OVST DELETE		- 1	2.1 THILE			Change	
1 DOUITELLI, HIN WIT					Puccinelli, Mary			
The state of the s			2.3 STREET					
CITY-ST-ZIP	TAMPA FL 33606			2. 4 CITY - S	IT-ZIP		Ac	
TITLE	D	☐ DELETE	- 1	3.1 TITLE		⊔	Change	
NAME	S CHER, DAVID		1	3.2 NAME				

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 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 attackment with might defense.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3.4. CITY - ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Antonio Serra 1-19-48 813-254-4511

CR2E034 (10/97)

Change

Change

Change

Addition

Addition

FILED

May 05 1998 8:00am

Secretary of State

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