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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P96000094117 (4) DOCUMENT #

Principal Place of Business	Mailing Address	
801 12 AVE S #203 NAPLES FL 34012	500 GREENWICH ST #602 NEW YORK NY 10013	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1996 4. FEI Number Applied For 59-3414416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 2 TALLAHASSEE FL 32301 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE MORRONGIELLO, JOHN NAME 1.2 NAME 500 GREENWICH ST SUITE 602 STREET ADORESS 1.3 STREET ADDRESS NEW YORK NY 10013 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE DEVP 2.1 TITLE ☐ Change Addition ABRUZZESE, ANTHONY NAME 2,2 NAME 500 GREENWICH ST SUITE 602 STREET ADDRESS 2.3 STREET ADDRESS NEW YORK NY 10013 CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DVP DELETE 3.1 TITLE Change Addition ERRICO, JAMES W NAME 3.2 NAME 500 GREENWICH ST SUITE 602 STREET ADDRESS 3.3 STREET ADDRESS NEW YORK NY 10013 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 course 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 of the receiver of trustee empty or 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 any strategy and the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empty when the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empty when the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empty when the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empty when the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empty when the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the receiv

SIGNATURE:

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