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



Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE

FILED

	RPORATION JAL REPORT			Morthagn of State		Secretar			
	1998	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIVISION OF C	ORPORATIONS		Scorciai	y or s	iaic	
1. Corporatio	· · · · · · · · · · · · · · · · · · ·	00094	674 (4)						
IOMA	SSO & COP, INC.					A SARAHARA SIR SEKIA BINDI BERMA ABINI ABINI ABINI	Il a 18 111 e leta elika kar	M 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		 							
Principal Place of Business Mailing Address									
2263 W. NEW HAVEN AVENUE 2263 W. NEW HAVEN AVENUE SUITE 379									
WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904					F	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						11/15/1996			
2. Principal P	lace of Business	2a. Maili	ing Address			4. FEI Number	Ap	plied For	
21		26				59-3406707		t Applicable	
Suite, Apt.	#, e tc.	27 Suite	e, Apt. #, etc.			5. Certificate of Status Desired	\$ 8.75 A Fee Re		
City & State	ə		& State			Election Campaign Financing	\$5.00		
Zip	Country	28 Zip	* .	Country		Trust Fund Contribution	Added to		
24	25	29		30		This corporation owes or has paid the Personal Property Tax due June 30.		ngible No	
	9. Name and Address of Cu	urrent Registered				10. Name and Address of New Registe	red Agent		
	MASSO, VICTOR PAUL	_		81 Name	/ (/	chard J COP			
2263 W. NEW HAVEN AVENUE					Address	s (P.O. Box Number is Not Acceptable)			
SUITE 379 WEST MELBOURNE FL 32904 83						714 E 40111 E 17 E 10			
**	LOT MICLOCOTTING TE 02004			B4 City			les Zin C	\odo	
				64 City	Mell	bourne	FL " 3"2"	ر ه ۹	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.15 State of Florida, Su	08, Florida Statute	s, the above-named uthorized by the core	d corpora	ation submits this statement for the purpos 's board of directors. I hereby accept the	se of changing its	registered	
agent. I a	m familiar with land accept the				VTS	SD 02/12/	98	Ť	
SIGNATURE	Signature, typed or printed a my of registers		Sable OAKE	Registered Agont signature	•		T G		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PTD		DELETE	1.1 TITLE			Change	Addition	
NAME	TOMASSO, VICTOR PAU 458 N. WICKHAM ROAD			1.2 NAME					
STREET ADDRESS	MELBOURNE FL	, # 1/3		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	VSD		DELETE		PT	50	Change	Addition	
NAME	COP, RICHARD J			2.2 NAME	COF	, Aichard J.	_		
STREET ADDRESS	458 N. WICKHAM ROAD	, #1 75		2.3 STREET ADDRESS	251	Richard J 18 Pinehurst Circle	?		
CITY-ST-ZIP	MELBOURNE FL		D sei ber	2. 4 CITY - ST - ZIP	Me	elbourne FL	FT 0	Til Arrest	
TITLE			☐ DELĒ te	3.1 TITLE			☐ Change	Addition	
NAME Street Address				3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE	<u>, 54</u>		DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	 		Change	Addition	
TITLE NAME			المالية المالية	5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				5.4 CITY - ST - ZIP					
TITLE			DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS	1				

14. Thereby 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 of 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 the attachment with an address.

1-407-956-RICHARD