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 # P96000104554 (6)

VINCENT MISTRETTA, JR., INC.

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



O/O-200 E-LAS-OLAS BLVD. SUITE 1800 C/O-200 E-LAS-OLAS-BLVD, SUITE 1800 ET LAUDERDALE EL 22201 FT-LAUDERDALE FL-00001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1996 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Suite, Apt. #. et \$8.75 Additional 5. Certificate of Status Desired Fee Required City_& State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 30 /SYOWAY Rroward 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent ZIEGLER, STEPHEN L C/O-200 E-LAS-OLAS BLVD, SUITE-1000 FT LAUDERDALE-FL-333012 ement for the purpose of changing its registered. I hereby accept the appointment as registered 11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nai office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of direct agent. I am [arotiar with, and accept the obligations of Section 607.0505, Florida Statutes. ADDITION TO SEFECERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE 12164 N.W. 33rd St. MISTRETTA, VINCENT JR NAME 1.2 NAME Coral Springs, FL 33065 -C/O-200 E LAS OLAS BLVD, SUITE-1800 STREET ADDRESS 1.3 STREET ADDRESS ET LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Mistretta, Kelly V. M. Change DELETE TITLE ☐ Addition 2.1 10116 12164 N.W. 33rd St. MISTRETTA, KELLY J NAME 2.2 NAME Coral Springs, FL 33065 %200 E LAS OLAS BLVD, SUITE 1800 STREET ADDRESS 2.3 STREET ADDRESS FI LAUDERDALE EL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 or 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 an attachment with an address.