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

CORPORATION ANNUAL REPORT



ANNUAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS		Secretary of State
DOCUMENT # PS	9700003021		
CLARE J. PAPETTI	, INC.		
Principal Place of Business	Mailing Address		
-214 Annie Street.	-214 Annie Stre	et	
-Orlando, FL 32806-	-Orlando, FL 32	2806	DO NOT WRITE IN THIS SPACE
	•		3. Date Incorporated or Qualified
			January 13, 1997
2. Principal Place of Business 21 845 Driver Avenue	2a. Mailing Address 26 215 N. Eola	Deduc	4. FEI Number Applied Fc: Applied Fc: Not Applied Fc:
Suite Apt # etc	Suite, Apt #, etc.	DIIVE	\$ CO 75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 Winter Park, FL	28 Orlando, FL		Trust Fund Contribution
Zip Country 24 32789 25 US	Zip 32801 3	Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current		0 02	Personal Property Tax due June 30.
-PAPETTI, GLARE J.		81 Name	RADER, SHAWN G.
214 Annie Street			
-Orlando, FL 32806-1208-			Address (PO Box Nymber is Not Acceptable) ndes, Drosdick, Doster, Kantor & Reed, P.,
		83 215	North Eola Drive
		B4 Sily 12	
11. Pursuant to the provisions of Sections 607 0502 office or registered agent or both. Talhe State of	and 607 1508, Florida Statutes of Florida, Such change was aut	the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept he obligat			
SIGNATURE Signature Typed or printed to the of registered agent		n G. Rader	1, = 1, 50
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1 1 TITLE	DPST Change Addition
NAME PAPETTI, CLARE J.		1 2 NAME	PAPETTI, CLARE J.
STREET ADDRESS 214 Annie Street		13 STREET ADDRESS	845 Driver Avenue Winter Park, FL 32789
	DELETE	1.4 CITY - ST - ZIP	
TITLE NAME	- DELLIC	2.1 TITLE 2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TIELE .	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	-	3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP	DELETE	3 4 City-St-ZiP	☐ Change ☐ Addition
NAME	L DELETE	4 1 TIFLE 4 2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	JS .
STREET AUDRESS		5.3 STREET ADDRESS	5 =
CITY-ST-ZIP		54 CITY-ST-ZIP	C'C
TITLE	☐ DELETE	6 1 TITLE	9000025105 59 mge Addition -05/05/9801032025
NAME STREET ADDRESS		6.3 STREET ADDRESS	-05/05/3801032025 ***150.00
			AAA 1 34 1 1 1 1

14. Hereby corify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this inmust 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.

SIGNATURE:

May 05 1998 8:00am