## 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 # P97000005939 (8)

ACE DI III DINO INICOECTODO INIC

Principal Place of Business	Mailing Address				
132 NW 69TH TERRACE	132 NW 69TH TERRACE				
MARGATE FL 33063	MARGATE FL 33083				

## **FILED** Apr 27 1998 8:00am Secretary of State

ACE	BUILDING INSPECTORS IF	<b>V</b> C.									
Principal Plac	ce of Business	Mailing Add	dress		-		1 184/1884 (NA 1884) 1884) 804H (BAH) 1	IDDIN BUNK BERBI UNIA DEN	OR HOLLE LOSS 1004		
132 NW 69	ITH TERRACE	•	69TH TERRACE								
MARGATE FL 33063 MARGATE FL 33083							DO NOT WRITE	IN THIS SPACE			
						-	3. Date Incorporated or Qualified	11, 1110 017102			
							01/15/1997				
2. Principal P	Place of Business	2s. Mailing	Address		-		4. FEI Number		Applied For		
21		26					15-6717772		Not Applicable		
Suite, Apt.	. #, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired		Additional Required		
City & Stat	te	City & S	tale				6. Election Campaign Financing	····	O May Be		
23		28					Trust Fund Contribution		d to Fees		
Zip	Country	Zıp		Country	7		8. This corporation owes or has pa	d the current year I	ntangible		
24	25	29		30			Personal Property Tax due June		□ No		
	g. Name and Address of Curre	ent Hegistered Ag	ent	81	Name		10. Name and Address of New Re	gistered Agent			
	CELESTI, ROSEMARIE										
132 NW 69TH TERRACE				82	Street	Address	ress (P.O. Box Number is Not Acceptable)				
•	MARGATE FL 33063			83							
				-	011			lant a			
				84	City			FL 85 Zi	p Code		
11, Pursuant	to the provisions of Sections 607.05	i02 and 607.1508,	Florida Statutes	s, the abov	e-named	corpora	ation submits this statement for the p 's board of directors. I hereby accep	urpose of changing	its registered		
agent. I a	am familiar with, and accept the obli	gations of, Section	607.0505, Flor	ida Statute	5.	poration	s board of directors. Thereby accep	it the appointment a	is teftisteled		
SIGNATURE											
12.	Signature, typed or printed name of registered a OFFICERS A	gent and little if applicable ND DIRECTORS	(NOTE	Registered Ag	ent signature	e required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	DRS IN 12		
TITLE	D		DELETE	1.1 TITLE		Dre	sident	☐ Change			
NAME	ACQUAVIVA, JOE			1.2 NAME		` ` ` `	3.6.6.11				
STREET ADDRESS	4392 NW 113TH TERRACI	E		1.3 STREE	ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 3306			1.4 CITY-5	ST-ZIP	<u> </u>					
TITLE	Mark Celes	sti	DELETE	2.1 TITLE		Vice	e President.	Change	Addition		
NAME	132 NW 69th Terrace			2 2 NAME		me	ark Celesti Nowath Terr				
STREET ADDRESS				2.3 STREET		133	HORAW LAGI	3 0/2			
CITY-ST-ZIP	margale FL	2 200 2	DELETE	2.4 CITY-	ST-ZIP		argate FL' 3	Change	Addition		
TITLE NAME	L DELETE			3.1 TITLE 3.2 NAME	l i		-	. La change	Addition		
STREET ADDRESS				3.2 KAME	ADDRESS						
CITY-ST-ZIP				34. CITY-							
TITLE	☐ DELETE			4.1 TITLE	w , R. 17	1		Change	Addition		
NAME	33-2-0			4 2 NAME					ļ		
STREET ADDRESS				4.3 STREET	ADDRESS				j		
CITY-ST-ZIP				4.4 C(TY-5	T-ZIP	<u> </u>					
TITLE	DELETE			5.1 TITLE			<del></del>	☐ Change	Addition		
NAME	İ			5.2 NAME					ľ		
STREET ADDRESS				5.3 STREET							
CITY-ST-ZIP	<u> </u>		T DELETE	5.4 CITY - 5	T-ZIP	<del> </del> -			£ Autoria		
TITLE		ι	DELETE	6.1 TITLE				Change	Addition		
NAME				6.2 NAME	ADDESOS				ļ		
STREET ADORESS				6.3 STREET					ļ		
CITY-ST-ZIP	Learning that the information supplied	with this filing does	not qualify for	the exemp		ed in Sec	ction 119.07(3)(i), Florida Statutes. I	urther certify that th	ne information		

indicated on this annual report or supplied with this him globes not qualify in the exemption stated in Section 119.07(3)(f), Florida Statutes. 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.

MARK RCELESOT

(954) 984-287/