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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000007806 (7)

Principal Place of Business

COSTAC, INC.

Mailing Address

550 TONGALUCAS STREET TURTLE CREEK PA 15145

550 TONGALUCAS STREET **TURTLE CREEK PA 15145**

FILED Jan 30 1998 8:00am Secretary of State



CR2E034

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State **\$5.0**0 May Be 6. Election Campalgn Financing 23 28 Trust Fund Contribution Added to Fees 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 81 KENNETH M. KALEEL, P.A. Name 555 N CONGRESS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 **BOYNTON BEACH FL 33426** 83 84 Zip Code 11. Pursuant to the provisions of Section 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, if 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 607.6505, Florida Statutes. SIGNATURE enature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1,1 TITLE Change COSTANZO, TED NAME 1.2 NAME 550 TONGALUCAS STREET 1.3 STREET ADDRESS STREET ADDRESS **TURTLE CREEK PA 15145** CITY - ST - ZIP 1.4 CITY - ST- ZIP TITLE DEFTE 2.1 TITLE Change Addition COSTANZO, LUANNE NAME 2.2 NAME **550 TONGALUCAS STREET** STREET ADDRESS 2.3 STREET ADDRESS **TURTLE CREEK PA 15145** CITY - ST - ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition 3,1 TITLE TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with his 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 report is true and a corrate 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 reserver or trusts of empowers 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 infachment with an address.