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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morteam

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000010547 (2)

MICHAEL A. VANDETTY, P.A.

Principal Place of Business

Mailing Address

560 N.E. 58TH STREET

## **FILED** Mar 23 1998 8:00am Secretary of State



560 N.E. 58TH STREET MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1997 2. Principal Place of Business 2a, Mailing Address Applied For FEI Number 5601 BISCHINEBLUS Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Yes 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name VANDETTY, MICHAEL A 560 N.E. 58TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33137 84 City Zip Code 85 11. Pursuant to the provisions of Sections 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, in 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registerud agent and title (I applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE VANDETTY, MICHAEL A 1.2 NAME NAME 560 N.E. 58TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY+ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$T-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attention and other states. CICNIATIDES