

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

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Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000012282 (4)

1. Corporation Name  
FIORE & BRABZ, INC.

Principal Place of Business  
101 TIPPERARY DRIVE  
LAKE MARY FL 32746-3322

Mailing Address  
101 TIPPERARY DRIVE  
LAKE MARY FL 32746-3322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 161 WEATHERSFIELD AVE N Suite, Apt. #, etc. 22 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32714 Country 25 US		26. Mailing Address 27 161 WEATHERSFIELD AVE N Suite, Apt. #, etc. 28 City & State 29 ALTAMONTE SPRINGS FL Zip 30 32714 Country 31 US		3. Date Incorporated or Qualified 02/05/1997	
		4. FEI Number 59-3431980		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FIORE, CAROL 101 TIPPERARY DRIVE LAKE MARY FL 32746-3322		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		CAROL FIORE 161 WEATHERSFIELD AVE N. ALTAMONTE SPRING FL 32714	

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: *Carol A. Fiore - President* DATE: 2/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FIORE, CAROL 101 TIPPERARY DRIVE LAKE MARY FL 32746-3322	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT Fiore Carol 161 WEATHERSFIELD AVE N. ALTAMONTE SPRING FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRABAZON, GEORGE 101 TIPPERARY DRIVE LAKE MARY FL 32746-3322	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VS BRABAZON, George 161 WEATHERSFIELD AVE N. ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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: *Carol A. Fiore - President* DATE: 2/28/98 (407) 772-3486

CP2E034 (10/97)