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 #

P97000030602 (1)

JOE D'ORAZIO, INC.

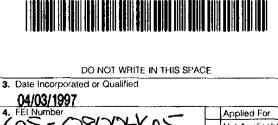
Principal Place of Business Mailing Address

684 110TH AVENUE NORTH NAPLES FL 34108

684 110TH AVENUE NORTH

NAPLES FL 34108

FILED May 14 1998 8:00am Secretary of State



2. Principal Place of Business	2a. Mailing Address	~ · · ·	4. FEI Number	Applied For
21 OAPIES IT	26(004-11)		(05-0XD)+(05	Not Applicable
Suite, Apt. #, etc.	Suito, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	7-1	6. Election Campaign Financing	\$5.00 May Be
23 Crde5 , F1	28 NCD195	+1	Trust Fund Contribution	Added to Fees
Zip Country	Žip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 34100 25 DIVEN	29 34NUS 30	USA	Personal Property Tax due June 30.	Yes D No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registere	d Agent
D'ORAZIO, CESIDIO (JOE)				
684 110TH AVENUE NORTH 8			ess (P.O. Box Number is Not Acceptable)	
NAPLES FL 34108				
		B3		
•		84 City		85 Zip Code
		Jor Ony	F	L S Zip code
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
Signature typed or pointed name of region rest agents	e dittle diapple atte (NOTE: B	togistered Agent signature require	ed when reinslating) DATE	
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
11TLE (25/010 0)) Set Set refille Ove	1.1 TITLE		Change Addition
NAME COST INDAY	SP ING	T.2 NAME		
STREET ADDRESS	2111/C-	1.3 STREET ADDRESS		
CITY-ST-ZIP NODIES IT	2402	1.4 City-St-ZiP		j
TITLE LICENSIA DE D'O	DELETE DELETE	21 THLE		Change Addition
NAME SOUNDS		2.2 NAME		
STREET ADDRESS COSH - 1107+5 A	beuns,	23 STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP	5,F1 3410X	2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY-ST-ZiP		3.4. CITY - S1 - ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5 1 1 ITLE		☐ Change ☐ Addition
NAME		5.2 NAME		40
STREET ADDRESS		5.3 STREET ADDRESS		$\mathcal{O}_{\mathcal{O}}}}}}}}}}$
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5141
TITLE	DELETE	6.1 TITLE	All Rock State South Free States work april 1995	- Change Addition
NAME		6.2 NAME	1000025280 -05/19/38010030	に 1
STREET ADDRESS		6.3 STREET ADDRESS		151

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 suppliemental 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

6.4 CITY - ST - ZIP