

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

FILED
May 14 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000030602 (1)**

1. Corporation Name:

JOE D'ORAZIO, INC.



| | |
|--|--|
| Principal Place of Business 684 110TH AVENUE NORTH NAPLES FL 34108 | Mailing Address 684 110TH AVENUE NORTH NAPLES FL 34108 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 NAPLES FL Suite, Apt. #, etc. | | 2a. Mailing Address 26 684-110th Ave. N Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/03/1997 | |
| 22 City & State 23 Naples, FL Zip 24 34108 | | 27 City & State 28 Naples, FL Zip 29 34108 | | 4. FEI Number 05-0800425 | |
| 25 Country 25 COLIEN | | 30 Country 30 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Name and Address of Current Registered Agent D'ORAZIO, CESIDIO (JOE) 684 110TH AVENUE NORTH NAPLES FL 34108 | | 10. Name and Address of New Registered Agent | | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| |
|---|
| 81 Name no change |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL |
| 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|-----------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE Cesidio D'ORAZIO PRES | 1.1 TITLE DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME 684-110th Aven | 1.2 NAME | | |
| STREET ADDRESS naples, FL 34108 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP | | |
| TITLE Indy by D'ORAZIO | 2.1 TITLE DELETED | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME SECRETARY | 2.2 NAME | | |
| STREET ADDRESS 684-110th Avenue N | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP naples, FL 34108 | 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 3.2 NAME | | |
| STREET ADDRESS | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 4.2 NAME | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 5.2 NAME | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 6.2 NAME | | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 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:  **4/15/98**

CR2E034 (10/97)