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

**CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000030752 (4) DOCUMENT #

LAW OFFICES OF GERALD T. SALERNO. P.A.

Principal Place of Business

**SIGNATURE:** 

5815 S DIXIE HWY, SUITE 5 WEST PALM BEACH FL 33405 Mailing Address

5815 S DIXIE HWY. SUITE 5

## **FILED** Apr 08 1998 8:00am Secretary of State



WEST PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 2a. Mailing Address 26. HIS SOUTH CONGLESS AVE 2. Principal Place of Business 4. FEI Number Applied For 418 South Conbress AVE Suite, Apt. #, etc. 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing WEST PALM 23 WEST PALM BEACH, Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALERNO, GERALD T 5815 S DIXIE HWY, SUITE 5 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 83 84 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or ponted name of registered agent and little if applicable (NOTE Registured Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Addition TITLE SALERNO, GERALD T NAME 1.2 NAME 5815 S DIXIE HWY, SUITE 5 419 South West PAIN DEACH CONGLISS AVANG STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information surplied with this filtred 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 surpliemental annual eport 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 frustee 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 in or an attachment with an address.