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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000034831 (2) DOCUMENT

JOSEPH NOZZOLILLO INC.

Principal Place of Business	Mailing Address	
4740 NW 21ST STREET Suite 409 Lauderhill Fl 33313	4740 NW 21ST STREET Suite 409 Lauderhill Fl 33313	

FILED Jan 27 1998 8:00am Secretary of State



4 tes 1 ***	4.5	A COLUMN A C				1 10 DI 10 DI 10 DI 10 TO 11 TO	a an amb iin aa am mari	I MENNY INERN II	ifit di Bu i fi Br
Principal Place of Business Mailing Address									
4740 NW 218	T STREET	4740 NW 21ST STREET SUITE 409							
SUITE 409 Lauderhill fl 33313		LAUDERHILL FL 33313				DO NOT WRITE IN THIS SPACE			
Dig De la lace	12 90010	Diggarii iida Ta Osorio				3. Date Incorporated or Quali	fied		
						04/16/1997			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26				65-0753	3779	Nı	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				Certificate of Status Desire	a 🔟	Fee Ro	equired
City & State		City & State				6. Election Campaign Financi	ng	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or h	as paid the cur	rent year Inl	tangible
24	25	29	30			Personal Property Tax due			_] No
	9. Name and Address of Current	Registered Agent		ļ		10. Name and Address of Ne	w Registered	Agent	
NO	ZZOLILLO, JOSEPH			81 Na	me				
474	10 NW 21ST STREET				eet Addres	ss (P.O. Box Number is Not Acc	eptable)		
SU	ITE 409								
LAUDERHILL FL 33313				83					
				84 Cit				85 Zip	Code
				84 Cit	у		FL	. 65 210	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the a	bove-nar	ned corpoi	ration submits this statement for	the purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was tions of Section 607.0505. F	authorize Iorida Sta	ed by the stutes.	corporatio	n's board of directors. I hereby	accept the app	ontment as	registered
	miganita. With a la good price obliga								
SIGNATURE	Signature, typed or printed name of registered agric	Land title if applicable. (NO	TE: Registere	ed Agent sign	ature required	when reinstating)	DA1Ł		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE	P	DELETE DELETE	1.1 T	TILE					☐ Addition
NAME	Joseph D. Nozze	مالياد	1.2 M	NAME					
STREET ADDRESS	Joseph D. Nozzi	et	1.3 9	STREET ADDR	ESS				
CITY-ST-ZIP	LAUDERHILL FI 33	313	1.4 0	CITY-ST-ZIP					
TITLE		DELETE	2.1 T	ITLE				☐ Change	Addition
NAME			2.2 N	NAME	ŀ				
STREET ADDRESS			2.3 9	2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4	CITY-ST-ZIP					
TITLE		DELETE	3.1 T	ITLE				Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 9	STREET ADDR	ess				
CITY-ST-ZIP			3.4	CITY-ST-ZIP					
TITLE		DELETE	4.11					Change	☐ Addition
NAME				NAME					
STREET ADDRESS				STREET ADDR	ESS				
·				CHTY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 T					Change	☐ Addition
NAME				IAME	1			-	
STREET ADDRESS				STREET ADDR	ESS				
				CITY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE		TTLE				Change	Addition
·		<u></u>		NAME					
NAME CONTEST ADODESC				MAMIL Street addr	199				
STREET ADDRESS					.03				
CITY-ST-ZIP			b.4 (ITY-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 informatio 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.

1-10-00