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 # P97000041989 (9)

JOHN ESCULANO, INC.

FILED Apr 17 1998 8:00am Secretary of State



4/19/148

Principal Plac	e of Business	Mailing Address		T I DENI DEN 110 CENTO LOUI CE FAR DENIE ERING EN 110 EN 120 U	POUR HADAD FROND' ODANO FRAN AURON
421 PINE WARBLER WAY		421 PINE WARBLER WAY			
PALM HARBOR FL 34683		PALM HARBOR FL 34683			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
6 6-1-1-10	de a Consideration	MA- MARKET ARTHUR		05/07/1997	
	lage of Business MNE WARSIER WOM.	2a. Mailing Address		4. FEI Number 59-3446845	Applied For
Suite, Apt.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	1, 900.	27		5. Certificate of Status Desired	Fee Required
City/ State	0 11	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MALI	n HARBOR FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 3V6	83 25 USH	29	30	Personal Property Tax due June 30.	Yes 🗆 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	o Agent
ESI	CULANO, JOHN		81 Name	ı	
421 PINE WARBLER WAY			82 Street	Address (P.O. Box Number is Not Acceptable)	
PAI	LM HARBOR FL 34683		Thousand (Tree Box Hallings) to the Charactery		
			83	•	
			84 City		. 85 Zip Code
	_		04 011	F	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named	d corporation submits this statement for the purpose	of changing its registered
office or registered agont, 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 familial with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE The Coulow					
0.0.0.0.0.0	Signature, hiped or printed name of registered Je			re required when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D SOOTH AND TOTAL	☐ DELETE	1.1 TITLE	President, Secretary, Treasurer	Change Addition
NAME	ESCULANO, JOHN		1.2 NAME	JOHN ESCULANO UP, ANC WASSICALING PARM HARBOR PL	
STREET ADDRESS	421 PINE WARBLER WAY		1.3 STREET ADDRESS	426 AME WASSIGN	له جه
CITY-ST-ZIP	PALM HARBOR FL 34683	DELETE	1.4 CITY-ST-ZIP	MAGN ITARBOR PL	3468 C
TITLE		☐ DELETE	21 TATLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		[_] Notes	3.1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CiTY - ST - ZiP		☐ Change ☐ Addition
		LJ MELIT	4.1 TITLE		CI Cutango CI RUG((O))
NAME STREET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CfTY - ST - ZIP 5.1 TITLE	-	Change Addition
NAME			5.2 NAME		The Country of the Co
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	,		6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied w	ith this filing does not qualify fo	r the exemption stat	led in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplements	il arinual report is true and accu	urate and that my sig	gnature shall have the same legal effect as if made	under oath; that I am an
officer or director of the corporation of 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 a unitar highest with an address.					