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

PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042764 (5)

JAMES V. VIGGIANO, JR., P.A.

Principal Place of Business Mailing Address 19651 BRUCE B. DOWNS BLVD. 19851 BRUCE B. DOWNS BLVD. SUITE A-1-4 SLITE A-1-4 TAMPA FL 33647 TAMPA FL 33647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 650751598 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VIGGIANO, JR., JAMES V ESQ. Name 19651 BRUCE B. DOWNS BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE A-1-4 TAMPA FL 33647 84 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**

Signature, typed or printed rums of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Change Addition TITLE President 1.1 TITLE James V. Vigsiono, Jr. 19451 Bruce B. Downs Bud., A1-4 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33647 CITY - ST - ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP ☐ DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Jane Villegions h

4.9.98

(813) 907-0245

FILED

Apr 30 1998 8:00am

Secretary of State