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

PROFIT CQRPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700 00 54260

THOMAS A. VISCONSI REAL ESTATE, INC.

Principal Place of Business 350 S. COUNTY BD., #201 PALM BEACH, FL 33480		Mailing Address				
		P.O. BOX ?	2079			
Para Bo	CACK FL	DOLL BEN	·u FL	33480	DO NOT WRITE IN THI	S SPACE
						9-97
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0762879	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #. etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		Zip Country			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	⊢ ¬	ntry	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	current year Intangible Yes No
24	9. Name and Address of Curr	29 29 Anent	30		10. Name and Address of New Registere	
	A. Having Bild Mailed Of Call	on Hadiotolea Hadin		81 Name	To the site Address of flow flogisters	a tallanı
THOMAS A. VISCONSI, JR.				00 00 00 00 00 00 00 00 00 00 00 00 00		
				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
109 VILLA CIRCLE ATLANTIS, FL 33462			ţ	83		
ATLA	WMS. FL 334	62		84 City		Int Zin Carlo
			ľ	- 1	FL (T)	
11. Pursuant to office or reg	the provisions of Sections 607.05 gistered agent, or both, in the State	602 and 607 1508, Florida Sta c of Horida, Such change wa	atutes, the ab as authorized	ove-named corr by the priporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
	ntamiliar with, and accept the obli	gations of, Section 607.0505,	, Florida Statu	ites. Y	Variation 11 a.	. 02
SIGNATURE	Ilgnature, Typed or profed name of regulered a	gent and tile if applicable	NO1L Registered	Agent signature requi	mony: 4-30 red who freinstalling) DATE	7 <u>~70</u>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PLESIDENT	☐ DFLETE	1,1101	ır		☐ Change ☐ Addition
NAME	THOMS A. VISC	ONSI, JR.	1 2 NA	ME		
STREET ADDRESS	THOMAS A. VISC 107 VILLA CII	ecle .	1.3 STF	REET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 3	3762		Y-81-7IP		
TITLE		☐ DELETE	2.1 1170	1		☐ Change ☐ Addition
NAME			2.2 NA1			
STREET ADDRESS				REE1 ADDRESS		
CITY-ST-ZIP		☐ DELETE	2 4 01 3.1 1170	Y - S1 - ZIP		☐ Change ☐ Additio
TITLE NAME		L⊒ PECCIE	3.1 U/O 3.2 NAM	l	•	ш онинув ш Адайо
STREET ADURESS			1	ieet address		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	4.1 TIT			Change Additio
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-7IP			4.4 CIT	Y - S1 - ZIP		
TITLE		DELETE	5 1 TiTU	, E		Change Additio
NAME			5 2 NA	AE .		-l a
STREET ADDRESS			5.3 STR	CET ADDRESS		- NESM
CITY-ST-7IP	<u> </u>			Y-ST-ZIP		
TITLE		☐ DELETE	6 \ T⊞	ſ	EBBBBBB	Change Additio
NAME			6.2 NAF		600002520 -05/12/9801060-	46년 -002
STREET ADDRESS				FEI ADDRESS	***156.00	-003
CITY OF ZID			6.4.012	V OT 210	<u> ምምም↓ጋዜ↓ </u>	

14. Thereby cartify that the information supplied with this flong does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I forther certify that the information indicated on this annual report or supplied until 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 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 changes or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF SIGNATURE OF SIGN

THOMAS A. VISCOUS TO.

4-30-98

561-655-6136

FILED

May 07 1998 8:00am

Secretary of State

Daybinie Phone #