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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056950 (3)

GREG DIRENZO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

SIGNATURE:

3012 8É 22ND PÚ

## FILED Apr 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1997 Applied For Not Applicable Apt. #, etc Suita, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 410 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent Name DIRENZO, GREGORIO A <del>3012 GE SAND P</del>L Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL- 20004 63 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or hoth, 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 farmular with, and accept the appointment of Section 607.0505, Florida Statutes. SIGNATURE OFFICE & AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change TITLE NAME DIRENZO, GREGORIO A 1.2 NAME 2401 SW 40th Terrace 3012 SE 22ND PL STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 88904 CITY+ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Addition 2.1 TITLE Change NAME DIRENZO, MATTHEW J 2 2 NAME STREET ADDRESS 2141 SE SANTA BARBARA PL 2.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE TITLE 4.1 TITLE Change \_\_\_ Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change TITLE 51 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIP 14. Thereby 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.