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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057998

RIGGIO & MITCHELL, P.A. M. To \$1 14. 13. 13. 14. 14. 14. 14.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

400 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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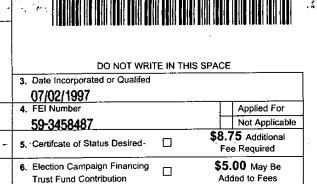
Zip

Principal Place of Business

400 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90094 016 ***150.00



MITCHELL, JEROME D ESQ. **400 SOUTH PALMETTO AVENUE** DAYTONA BEACH FL 32114

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Country

9. Name and Address of Current Registered Agent

Country		This corporation owes the Personal Property Tax.	ne current year Inta	ngible Yes	□No
		10. Name and Address of	New Registered A	gent	
81	Name				
82	Street Addr	ress (P.O. Box Number is Not A	Acceptable)		
83					
84	City		FL	85 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, and accept the obligations of Section 607.0505. Florida Statutes

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agent. I a	im familiar with, and accept the obligations of, Se	ection 607.0505, Flor	ida Statutes.		•	
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	xolicable. (NOTE:	Registered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIRECT	13.		ONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	MITCHELL, JEROME D		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS	•		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP			
TITLE	CEOV	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	RIGGIO, ROBERT J		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP -	DAYTONA BEACH FL 32114		2. 4 CITY-ST-ZIP	_		
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	} · ·		4.4 CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OT 710			6.4 CITY-ST-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 of 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, with all other like empowered.

SIGNATURE:

SIGNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR