

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 28 1998 8:00am
Secretary of State

DOCUMENT # P97000058036 (9)

1. Corporation Name

SCHIAVONE LITERARY AGENCY, INC.

Principal Place of Business

236 TRAILS END
WEST PALM BEACH FL 33413-2135

Mailing Address

236 TRAILS END
WEST PALM BEACH FL 33413-2135



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

65-0768110

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name James Schiavone
82 Street Address (P.O. Box Number is Not Acceptable)
236 Trails End
83
84 City West Palm Beach FL 85 Zip Code 33413-2135

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 *James Schiavone*
Signature, typed or printed name of registered agent and title if applicable

James Schiavone
(NOTE: Registered Agent signature required when reinstating)

7/6/98
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHIAVONE, JAMES
STREET ADDRESS 236 TRAILS END
CITY-ST-ZIP WEST PALM BEACH FL 33413-2135

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000002651180
-09/29/98--01007--028
***150.00

000002651180
-09/29/98--01007--027
***400.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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.

SIGNATURE *James Schiavone*
Signature, typed or printed name of registered agent and title if applicable

7/6/98 (561) 966-9294

CR2E034 (5/98)