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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062069 (4)

ANDREA J. ACERRA PROPERTIES, INC.

## **FILED** Feb 13 1998 8:00am Secretary of State



	<del></del>						
Principal Place of Business Mailing Address				1 (00/103) 104 (211/1201) 301/1 201/1 401/1 401/1 (121/1401) 51/14 (41/1401)	)1 <b>120</b> 1		
222 MAPLE AVE. 222 MAPLE AVE.							
PALM HARBO	PR FL 34684	PALM HARBOR FL 34684			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					07/17/1997		
2. Principal P	lace of Business	2a. Mailing Address		······································	4. FEI Number Applie	d For	
21		26			59-34563 // Not Ap	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional Status Desired		
22		27			Fee Requir	red	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May		
<b>23</b> Zip	Country	7ip	Country		Trust Fund Contribution Added to F		
24 25		29 30		,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current					10. Name and Address of New Registered Agent		
40	ERRA, ANDREA J		61	Name			
	2 MAPLE AVE.		62	Charle Arts	desar /DO Day Nambar is Not Assessed to		
t	LM HARBOR FL 34684		B2	Street Add	dress (P.O. Box Number is Not Acceptable)		
' ' '	LIN TRAIDONT E 04004		83				
			84	City	85 Zip Cod	ie .	
			1	1	FL!!		
SIGNATURE	Signature, typod or printed name of registered a	gost and title if applicable (NO	TE Registered Ag		progration submits this statement for the purpose of changing its re- ation's board of directors. I hereby accept the appointment as regi quired when reinstating)  DATE		
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition	
TITLE NAME	PSD ANDDEA I	CT percie	1.1 TITLE 1.2 NAME			T MODIFICE	
STREET ADDRESS	ACERRA, ANDREA J 222 MAPLE AVE.			T ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 City-				
TITLE	TALM NATION 1E 04004	DELETE	2.1 TITLE	51-211	Change	Addition	
NAME			2.2 NAME		·· · · · · · · · · · · · · · · · · · ·	_	
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2: 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		<del></del>	
TITLE		☐ DELETE	4.1 TOLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			•	ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - 5	ST-ZIP	Chance	Addition	
TITLE		U DELETE	5.1 TITLE		Change		
NAME OTREET ADDRESS			5.2 NAME	T ADDDECC			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 1 6.1 TITLE	ST - ZIP	Change	Addition	
NAME		L. J DECER	6.2 NAME			A MAGINAN	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 CiTY-1				

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 changett, or on an attachment with an address.

SIGNATURE: ( ends

1/15/98