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

P97000067012 (9) DOCUMENT # 1. Corporation Name

3217 U.S. ALT. 19, INC.

Principal Place of Business

Mailing Address

FILED Feb 17 1998 8:00am Secretary of State



9217 U.S. ALTERNATE 19 NORTH HOLIDAY FL 34691		3217 U.S. ALTERNATE 18 NORTH HOLIDAY FL 34691		;	10.054.05		
					3. Date Incorporated or Qualified 08/04/1997	5 SPACE	
	ace of Business	2a. Mailing Address			4. FEI Number 59-3461229		pplied For
Suite, Apt.	Vivi	Suite, Apt. #, etc.			12.1.2.1.		ot Applicable Additional
22 27					5. Certificate of Status Desired		equired
City & State				- 	6. Election Campaign Financing		May Be
23 + O\(U(4) PC 28			Countr	v	Trust Fund Contribution 8. This corporation owes or has paid the		to Fees
24 34641 25 USA 29 30			\vdash	Personal Property Tax due June 30. 🗹 Yes 🗌 No			
Name and Address of Current Registered Agent ALC: AND NACE OF ORCE 81					10. Name and Address of New Registered Agent		
MELANDINOS, GEORGE							
2428 PARK STREAM AVENUE CLEARWATER FL 34619				Street Add	dress (P.O. Box Number is Not Acceptable)		
	ENWANCE COOL		83	· ·			
			84	'	F		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							
SIGNATURE (Serve 1400	andines			ನ~1ಕ	-98	
	Signature, typed of printed name of registered	agent and little if applicable (NOT ND DIRECTORS	E Registered Aç	ent signature requ	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	· · · · · · · · · · · · · · · · · · ·	RS IN 12
12.	D	DELETE	1.1 TITLE		ADDITIONAJONATORO TO CITTORIA I	Change	Addition
NAME	MELANDINOS, GEORGE		1.2 NAME				
STREET ADDRESS	2428 PARK STREAM AVEN	UE	1.3 STREE	1 ADDRESS			
CITY+ST-ZIP	CLEARWATER FL 34619	Periore	1.4 City-	ST-ZIP		Change	Addition
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CITY-ST-ZIP			2. 4 CITY	1			
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NAME			3.2 NAME	İ			
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NAME			5.2 NAME	į			
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CITY - ST - ZIP		DELETE	5.4 CITY-	ST-ZIP		Change	Addition
TITLE		- Dette	6.1 TITLE 6.2 NAME			change	- Marioni
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CiTY-				

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 changed, or on an attachment with an address.

(012)027-33.R