

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  
Aug 26 1998 8:00am  
Secretary of State

DOCUMENT # **P97000068969 (9)**

1. Corporation Name

**LOUIS J. BRUNOFORTE, P.A.**

Principal Place of Business

**1301 SEMINOLE BOULEVARD  
SUITE 116  
LARGO FL 33770**

Mailing Address

**1301 SEMINOLE BOULEVARD  
SUITE 116  
LARGO FL 33770**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/1997**

4. FEI Number

**59-3463448**

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

2. Principal Place of Business

**21 1250 Seminole Blvd**

2a. Mailing Address

**26 1250 Seminole Blvd**

Suite, Apt. #, etc.

**22 Suite 1**

Suite, Apt. #, etc.

**27 Suite 1**

City & State

**23 Largo, FL**

City & State

**28 Largo, FL**

Zip

**24 33770**

Country

**25 USA**

Zip

**29 33770**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**BRUNOFORTE, LOUIS J  
1301 SEMINOLE BOULEVARD  
SUITE 116  
LARGO FL 33770**

10. Name and Address of New Registered Agent

81 Name

**Brunoforte, Louis J**

82 Street Address (P.O. Box Number is Not Acceptable)

**1250 Seminole Blvd**

83

**Suite 1**

84 City

**Largo**

**FL**

85 Zip Code

**33770**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BRUNOFORTE, LOUIS J**

STREET ADDRESS **1201 SEMINOLE BOULEVARD, #387**

CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**4000026251074**  
**-08/26/98--01026--023**  
**\*\*\*150.00**

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.

SIGNATURE

*Louis J. Brunoforte*

8/16/98

12-550-0232

CR2E034 (5/98)

(2)

**LOUIS J. BRUNOFORTE, P.A.**  
ATTORNEY AT LAW

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1250 SEMINOLE BOULEVARD, SUITE 1, LARGO, FL 33770  
OFFICE: (813) 559-0707 FACSIMILE: (813) 585-7330

August 11, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Louis J. Brunoforte, P.A.

Dear Madam:

Please find enclosed my completed Corporation Annual Report with \$150. filing fee. I have made the necessary address corrections. Due to my change of address, I never received the first notice of filing. I do not know what happened to the first notice, other than it was definitely not received.

Thank you for your consideration of waiving the late filing fee.

Sincerely,



Louis J. Brunoforte