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

2a. Mailing Address

City & State

Ζip

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip

選手 は は

\*\*\*·



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000076211** (6)

CHRIS MARTOGLIO, INC.

25

MARTOGLIO, CHRISTOPHER J 740 CHARMWOOD DR

ST AUGUSTINE FL 32086

Principal Place of Business Mailing Address

740 CHARAWOOD DR 740 CHARAWOOD DR

ST AUGUSTINE FL 32096 ST AUGUSTINE FL 32096

g. Name and Address of Current Registered Agent

FILED Mar 19 1998 8:00am Secretary of State



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

1. Pursuant to the provisions of Soctions 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 changing the corporation's board of directors. I hereby accept the appointment as registered agent, the obligations of Society 607.0505. Florida Statutes

Country

81 Name

82

83

30

office or registered a	sions of Soctions 607.0502 and 607.1508, Florida Statute gent, or both, in the State of Florida. Such change was at with, and accept the obligations of, Section 607.0505, Flor	ithorized by the cor	poration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE Street Notes	d or penied name of registered agent and title if applicable (NOTL:	Booistayed Agent signature	e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	DELETE	1,1 TITLE	Persident	☐ Change	Addition
NAME		1.2 NAME	A 1 1	_ •	
STREET ADDRESS		1.3 STREET ADDRESS	Christopher J. Martialis		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Algustine FL 3201	)L +	
TITLE	DELETE	2.1 TITLE	5	☐ Change	Addition
NAME		2.2 NAME	mada R Madale		
STREET ADDRESS		2.3 STREET ADDRESS	740 Charmwood DR	F'. 1	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	St. Augustine. FL 3208	d.	
TITLE	DELETE	3.1 TITLE	31. 20guarino, 10 2221	☐ Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITUE		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	book 45000	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
			· ·		
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change	Addition
NAME		6.2 NAME		E Orwigo	
STREET ADDRESS		6.3 STREET ADDRESS			1
OTHEET AUTHESS		0.3 STREET ADDRESS			

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

WISCLE

Christiather TT Martin

2115/98

904-794-0067