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

FILED Jul 07 1998 8:00am Secretary of State

	97000077149 (7) SEAMLESS GUTTERS, INC.)		### 1988 HOW THE DAY DO
Principal Place of Business	Mailing Address			
1931 BAYSHORE DR.	1931 BAYSHORE DR.			
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223				
			DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualified	
2, Principal Place of Business	2a. Mailing Address		09/04/1997 4. FEI Number	Applied For
21	26		65-0771128	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes No
	ss of Current Registered Agent		10. Name and Address of New Registere	d Agent
IZZO, JOHN P		81 Name		
180 N. INDIANA AVE., SUITE 5		82 Street Add	Address (P.O. Box Number is Not Acceptable)	
ENGLEWOOD FL 34223-		[
·		83		
		84 City		85 Zip Code
			poration submits this statement for the purpose ation's board of directors. I hereby accept the a	L 1
	of registered agent and little if applicable. (NOT FICERS AND DIRECTORS	E: Registered Agent signature requ	ired whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE Daniel C	· Leonard DELETE	1.1 TITLE		Change Addition
NAME Prosideund	1	1.2 NAME		
STREET ADDRESS 800 5+9	DIE LE 24273	1.3 STREET ADDRESS		
	2000 FL34223	1.4 CHTY - ST - ZIP		
Mecretary.	Tres.	2.1 TITLE		Change Addition
NAME Anthony	C. Leonard	2.2 NAME		
STREET ADDRESS 1931 Bay	ther De	2.3 STREE1 ADDRESS 2.4 CITY - ST - ZIP		
CHY-ST-ZIP Anglewas	DELETE	3.1 TITLE		Change Addition
NAME	-	3.2 NAME		·
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	1	4.4 CITY - ST - ZIP		D. 0
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		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	_ otter	6.2 NAME	2000025829	こうつ ・ フィー
STREET ADDRESS		6.3 STREET ADDRESS	-07/08/98010160 ***150.00	018
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00	74
			TA NUMBER OF STREET	

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 given an attachment with an address.