## 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 # P97000077923 (5)

GIORDANO, SANDLER, AND RHOTON, P.A.

Principal Place	e of Business	Mailing Address				DO NOT WRITE IN THIS SPACE		
412 E. MADIS TAMPA FL 33	ON ST., SUITE 1111 602	412 E. MADISON ST., SUITE 1111 TAMPA FL 33602						
				3. Date Incorporated or Qualified 09/05/1997				
Principal Place of Business     1		26. Mailing Address				4. FEI Number 59-3485141	Applied For Not Applica	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	30 Co	untry		This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible X Yes  No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
GIORDANO, MICHAEL V 412 E. MADISON ST., SUITE 1111 TAMPA FL 33602				81 82 83		ess (P.O. Box Number is Not Acceptable)		
				33				

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.

84 City

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SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE:	Registered Agent signature requ	ured when reinstating) DATE			
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Change	Addition		
NAME	GIORDANO, MICHAEL V		1.2 NAME				
STREET ADDRESS	6611 GLENCOE DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE	Change	Addition		
NAME	SANDLER, ALAN R		2.2 NAME				
STREET ADDRESS	4508 LONGFELLOW AVE.		2.3 STREET ADDRESS		ļ		
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 THTLE	Change	Addition		
NAME	RHOTON, LOREN D		3.2 NAME				
STREET ADDRESS	12125-102ND AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33778		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	_		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change	Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE	Change	Addition		
NAMÉ			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			64 CITY - \$1 - ZIP				

14. Thereby 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.

(-.)

**FILED** 

Apr 06 1998 8:00am

Secretary of State

Zip Code