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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham •

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000082862 (8)

SQUILLANTE MANAGEMENT COMPANY, INC.

FILED May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address -721 MENDEZ WY 349 BERNARD AUG 721 MENDEZ WY 349 BERNARD AVE. LONGWOOD FL \$2750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 59-3475579 21 Not Applicable 26 Suite, Apt. #, etc. 349 BERNALD Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be LONGWood Horida 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible & U.S. A Personal Property Tax due June 30. 29 32750 Yes 24 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SÖWLLANTE, TERRY A Teery Douillante 72 MENDEZ WY 349 BLRNARD AVE. ddress (P.O. Box Number 82 LONGWOOD FL 32750 **B3** grananood 84 Zip Code 32750 rida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the was authorized by the corporations board of directors. I hereby accept the appointment as registered 7,0 office or registered agent, or agent. I am familiar with, and of Florida, Sc SIGNATURE signature regulred when reinstating) 12. PELICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE TERRY A. Soullante 349 Bernard Avenue NAME TERRY A. Squillante 1.2 NAME 349 Beenard AVE. 1.3 STREET ADDRESS Longwood, 7L 32750 7L 32750 1.4 CITY - ST - ZIP CITY-ST-7/P Lon Gwodd TITLE ☐ DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Addition 51 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filing docindicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee of Block 12 or Block 13 if changed or on an attackment with an A ation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an yer or trustee epipophered to expecute this leport as required by Chapter 607, Florida Statutes; and that my name appears in