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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082990 (7)

RICHARD B. LOMBARI, JR., P.A.

Principal Place of Business Mailing Address						-		
477 MAYFAIR CIRCLE ORLANDO FL 32803 478 MAYFAIR CIRCLE ORLANDO FL 32803				<u> </u>	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	ualified		
2. Principal P	lace of Business	2a. Mailing Address			09/24/1997 4. FELNumber		Applied For	
21 Prude			Phillip	3 BLI	10 59-347	2054	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	•		5. Certificate of Status Des	aren II '	75 Additional se Required	
22 7600 City & Stat	De Phillips BLUD"	27 27 44.6 City & State			8. Election Campaign Fina		.00 May Be	
23 OPLANDO, PC		28 CRLANDO, FL		Trust Fund Contribution	~ — +-	Ided to Fees		
Zip	Country	7p	Count		8. This corporation owes o			
24 328	9. Name and Address of Current	29 32819	30 _/	481	Personal Property Tax of 10. Name and Address of		□ No	
HO	EPKER, TODD M		8	1 Name	IO, Hamo and Hadrood of	Total Region Control Region		
250 NORTH ORANGE AVENUE				2 Street Ac	ddress (P.O. Box Number is Not A	ccentable)		
STE. 1700					TOTOSS (1.0. BOX MOTHER) IS NOT A			
, ORLANDO FL 32801			В	3				
			8	4 City		FL 85	Zip Code	
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga				quired when reinstating)	DATE	a	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T			
TITLE	D LONDADI DICH	☐ DELETE	1.1 7/116	I		☐ Cha	ange 🔲 Addition	
NAME STREET ADDRESS	LOMBARI, RICH 477 MAYFAIR CIRCLE		1.2 NAMI	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803			ST-ZIP				
TITLE		DELETE	2 1 TITLE			☐ Cha	inge Addition	
NAME			22 NAMI					
STREET ADDRESS			1	ET ADDRESS		44.5		
CITY-ST-ZIP				-ST-ZIP		Cha	nae Addition	
NAME		L. Dittell	3.1 TITLE 3.2 NAMI			CIR	rigo Li Additi(I)	
STREET ADDRESS				TADDRESS				
CHY-ST-ZIP			3.4 CITY					
TITLE		DELETE	4 1 TITLE			☐ Cha	inge Addition	
NAME			4. 2 NAM					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		DELETE	5.1 1fTLE			☐ Cha	inge Addition	

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 ennual eportor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of this corporation or the receiver or truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or on an attractment with an address.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CHY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

11/4/98 100 20 6900

Change

Addition

FILED

May 19 1998 8:00am

Secretary of State