## 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 # P97000088224 (5)

9. Name and Address of Current Registered Agent

FAITH ENDEAVOR, INC.

DIGREGORIO, FRANK 197 MARK TWAIN LANE

ROTONDA FL 33947

1 100/1001 (10 10:11 10:01 10:11 10:11 00:11 00:11 10:10 10:11 10:10 11:10 11:10 11:10 11:10 11:10 11:10 11:10 Principal Place of Business Mailing Address 100 SIDNEY COURT 100 SIDNEY COURT ROTONDA WEST FL 33947 ROTONDA WEST FL 33947 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/13/1997</u> 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 100 27 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29

## Feb 13 1998 8:00am Secretary of State

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10. Name and Address of New Registered Agent

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

City 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. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE \_\_\_ DELETE 1.1 TITLE Change Addition NAME DIGREGORIO, FRANK 1.2 NAME 197 MARK TWAIN LANE STREET ADDRESS 1.3 STREET ADDRESS **ROTONDA FL 33947** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME DIGREGORIO, PETER 2.2 NAME STREET ADDRESS **100 SIDNEY COURT** 2.3 STREET ADORESS **ROTONDA WEST FL 33947** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP

81 Name

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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: 7

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

☐ Yes

Not Applicable