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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000107804 (1) DOCUMENT #
1. Corporation Name

ANTONIO PALUMBO MANAGEMENT, INC.

3961 FLORIDA BLVD. Sulte, Apt. #, etc. 22 City & State 23 Zip 24

FILED

May 11 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 3961 FLORIDA BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0801571 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Ш Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent PALUMBO, ANTONIO 158 BAYAN CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33453-5530 83 84 Zip Code 85 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. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE ■ DELETE 1.1 TITLE Change PALUMBO, ANTONIO 1.2 NAME **158 BAYAN CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33458-5530 CITY-ST-ZIP 1.4 CITY-ST-ZIP 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 Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City-St-ZiP DELETE Addition TITLE 51 TITLE Change 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 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-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. Numaria P.L. A. Box do - 6/20/09 -11-126-04/11