## 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 # P97000107855 (3)

PINO AND PIRRELLO, P.A.

FILED
Mar 05 1998 8:00am
Secretary of State



Mulck

Principal Plac	e of Business	Mailing Address		
4924 SOUTHSHORE DRIVE 4924 SOUTHSHORE DRIVE NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34			: 652	
1		11211 10111 1111 1111	<b>405</b>	DO NOT WRITE IN THIS SPACE
	•	`		3. Date Incorporated or Qualified
				12/22/1997
	lace of Business	2a. Mailing Address	WALE DX	4. FEI Number Applied For
	00 FIVAY RD.		VAYRD	39-31783   Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<n< th=""><th>5. Certificate of Status Desired \$8.75 Additional</th></n<>	5. Certificate of Status Desired \$8.75 Additional
22 34	··	27 / 14/10	<i>x</i>	Fee Required
City & Stat	scm Fl-	City & State	FL.	6. Election Campaign Financing \$5.00 May Be
23 HU	Country	28 1408*/	Country	Trust Fund Contribution Added to Fees
242466	<b>7</b>		io Commusus	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes
14 21 4 4	9. Name and Address of Current F		<u> </u>	10. Name and Address of New Registered Agent
MIN.				
PINO, JOSEPH 4924 SOUTHSHORE DRIVE LLMAD 82 Street Address (I				
NEW PORT RICHEY FL 34852			ess (P.O. Box Number is Not Acceptable)	
INC	W PONT RICHET FL 34032		83	
			84 City	FL  85   Zip Code
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 r	egistered agent, or both, in the State of	Florida. Such change was au	thorized by the corporati	ion'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 Statute's.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PINO, JOSEPH		1.2 NAME	
STREET ADDRESS	4924 SOUTHSHORE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	Home	1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELET <b>E</b>	2.1 TITLE	Change Addition
NAME	PIRRELLO, JOHN J		2.2 NAME	
STREET ADDRESS	8515 CAITLAN COURT	M(A) A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	Howe	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME	Contract of		4. 2 NAME	/1/h 2/
STREET ADDRESS			4.3 STREET ADDRESS	4/115/,5
CITY-ST-ZIP			4.4 CITY - ST - ZIP	10-70
TITLE		∟ D€LETE	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
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	このなられ
CITY-ST-ZIP			6.4 CITY-ST-ZIP	12000
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 accorde and that my signature shall have the same legal effect as if made under eath; that I am an				
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.				