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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



LORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107917 (1)

RITA C. EVERETT, C.P.A., P.A.

FILED Apr 29 1998 8:00am Secretary of State



200 RIVERSIDE DR. MELBOURNE BEACH FL 32851		200 RIVERSIDE DR. MELBOURNE BEACH FL 32951		DO NOT WRITE IN THIS	CDACE	
·					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 12/24/1997	SPACE
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	· - • - · · · · · · · · · · · · · · · ·		59.3484656	Not Applicable \$8.75 Additional
22		27	· • · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired Fee Required	
City & State		City & State	1 ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28 Zip	Z _i ρ Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	
	Name and Address of Curre	nt Registered Agent	81	I Nome	10. Name and Address of New Registered	Agent
JACOBY, DAVID H ESQ. 1581 ROBERT J. COLAN BLVD., N.E., S-100						
	LM BAY FL 32905	1.E., 3-100	82	Street A	Address (P.O. Box Number is Not Acceptable)	
11,	DAY BY IT I'L OLOUG		83	<u> </u>	· · · · ·	-
			84	l City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
					FL	•
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 kg stered agent and titled applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.	John Bigilatoro	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	EVERETT, RITA C		1.2 NAME	1		
STREET ADDRESS	200 RIVERSIDE DR.	AE 4	1.3 STREE	1 ADDRESS		
CITY-ST-ZIP TITLE	MELBOURNE BEACH FL 32	DELETE DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Change Addition
NAME			2.2 NAME			E Change E Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-	ST - ZIP		T Obenes
TITLE		L) bittie	4.1 TITLE 4.2 NAME	.		Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	51 THLE	**	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREÉ	T ADDRESS	•	
CITY-ST-ZIP		T peres	5.4 CITY - :	ST - ZiP		<u> </u>
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	T 1800500		
STREET ADDRESS				T ADDRESS		
14. I hereby c	ertify that the information supplied a	with this filing does not qualify	6.4 CITY-1 for the exemp	otion state	d in Section 119.07(3)(i), Florida Statutes. I further co	ertify 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 h changed, or on an attachment with an address.						