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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000004343

Country

9. Name and Address of Current Registered Agent

25

MAJORANA, JAMES J

1. Corporation Name

JAMES J. MAJORANA INC.

Principal	Place	of	Business	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

10011 VINEYARD LANE PORT RICHEY FL 34668

21

22

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Zip

10011 VINEYARD LANE PORT RICHEY FL 34668

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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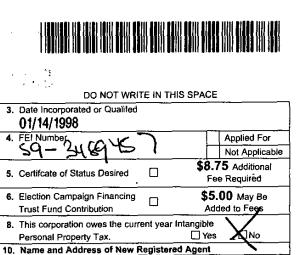
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## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90090 039 \*\*\*150.00



10011 VINEYARD LANE **PORT RICHEY FL 34668** 83 City

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.

Country

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

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND PIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE	AUASOCAN	Change Addition				
NAME	-MAJORANA, JAMES A	1.2 NAME		<b>→</b>				
STREET ADDRESS	10011 VINEYARD LANE	1.3 STREET ADDRESS						
CITY-ST-ZIP	PORT RICHEY FL 34668	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						
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						
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition				
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	·					
CITY-ST-ZIP		4 4 CITY-ST-ZIP						
TITLE	☐ DELETE	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						
CITY-ST-ZIP	West and the second sec	6.4 CITY-ST-ZIP	in Casting 440 07/2V(). Florida Statutos I fund					

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 informati 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 conforation 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 one of attachment with an address, with all other like empowered. officer or director of the cor Block 12 or Block 13 if char attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip Code