

**PROFIT** CORPORATION ANNUAL REPORT

100Q



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCU	MENT # P98000	0092250		`		
1. Corporation	NOLF AND THE NATIONAL					
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Principal Place	e of Business	Mailing Address		4 (Seriop) 318 (Sint Seria Seria Seria Seria	PIETO CIBIS LIBER MILLI SO	
28 PELICAN DE	R. EAST	28 PELICAN DR. EAST				
OLDSMAR FL 3	34677	OLDSMAR FL 34677		DO NOT WRITE IN TH	\$ SPACE	
				3. Date Incorporated or Qualifed		
				10/29/1998		
2. Principal P	lace of Business	2a. Mailing Address		59-3539963	Apr lied F	
21		26		07-30 3/763	Not Appli \$8.75 A Iditio	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
22 City & 5 tat		City & State		.6. Election Campaign Financing	\$5.00 May E	3e
23	· ,	28		Trust Fund Contribution	Added to Fee	s
Zip	Country	Zip	Country	8. This curporation owes the current year i	ntangible	
24	25	29 34	<u>)                                    </u>	Personal Property Tax.	Yes / No	
	9. Name and Address of Curre	ni Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
RISE	IOP, ROBERT C		<u> </u>			
3974 TAMPA RD.			82 Street Add	Iress (P.O. 8ox Number is Not Acceptable)		
	SMAR FL FL348-77		83			
					85 Zip Code	
			84 City	F	L I 1	
11. Pursuant	to the provisions of Sections 607.05	0: and 607.1508, Florida Statutes	, the above-named com	poration submits this statement for the purpose	of changing its registe printment as recisters	ered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such change was addigations of, Section 607.0505, Florid	a Statutes.	poration submits this statement for the purpose ( ion's board of Jirectors. I hereby accept the app	2,1121121 X 22 1 2 2 1 2 1 1 1 1 1 1 1 1 1	
SIGNATURE						_ 1
	Signature, typed or printed in rise of registered as	en and title if applicable (NOTE. Re N-) DIRECTORS	egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTORS IN	12 September 12 Se
12.	D	DELETE	1.5 TITLE			Addition
NAME	FABIANO, FRANCES M		12 NAME			7
STREET ADDRESS	** *******		1.3 STREET ADDRESS			ļ ģ
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CiTY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TILE		☐ Change ☐ /	Addition   C
NAME	FABIANO, VITO J	,	22 NAME			-
STREET ADDR :SS			2 3 STREET ADDRESS			- 1
CITY-ST-ZIP	OLDSMAR FL 34677	DELETE	2.4 CITY-ST-ZIP 31 YITLE		☐ Change ☐	Addition
TITLE	D CARDANO VINIBERAV	□ petere	32 NAME			1
NAME	FABIANO, KIMBERLY 28 PELICAN DR. EAST		3.3 STREET ADDRESS			\
STREET ADDR SSS	OLDSMAR FL 34677		34.CITY-ST-ZIP	•		
TITLE	OLDONATTIC OTOTT	☐ SELETE	4.1 TIPLE		☐ Change ☐	Addition
NAME			4. 2 NAME		•	
STREET ADDR ISS			4.3 STREET ADDRESS			- }
CITY-ST-ZIP			44 CITY-ST-ZIP		FICherry C	Addition
TITLE		☐ DELETE	5.1 TILE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			1
CITY-ST-ZIP		DELETE	5.4 CHY-SI-ZIP		Change []	Addition
TITLE		C Section	6.2 NAME			1
NAME etdeet anderee			5.3 STREET ADDRESS			Ì
STREET ADDRESS			64 CITY-ST-ZIP			1

14. I here by 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 indical ed on this annual report or supplemental annual report is true and accurate and that my signal are 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNA UNE AND TYPED OF PRINTED NAME OF SIGNING OFFICIER OF DIRECTOR

FRANCIZI FABIANI

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90036 021 \*\*\*150.00

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