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 # S17754

(0)

THERESA A. YASONIS, P.A.

FILED Jan 23 1998 8:00am Secretary of State

| 1116116 | ion no moonio, i na | | | | | | |
|----------------------|---|--|--------------------------------|-----------------|---|---|----------|
| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | |
| 730 EMERSO | ON DRIVE N.E. | 730 EMERSON DRIVE N.E | 730 EMERSON DRIVE N.E. | | | | |
| #105 | | #105 | | | _ | | |
| PALM BAY F | FL 32907 | PALM BAY FL 32907 | | | | DO NOT WRITE IN-THIS-SPACE | _ |
| US | | US | | | | 3. Date Incorporated or Qualified | |
| 9 Principal P | Place of Business | 2a. Mailing Address | | | | 11/29/1990 4. FEI Number Applied For | |
| 21 | race or business | | 26. Walling Address | | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | Jie I |
| 22 | ., | 27 | | | | 5. Certificate of Status Desired Fee Required | } |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | 一 |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Zip Country | | | 8. This corporation owes or has paid the current year Intangible | \neg |
| 24 | 25 29 30 | | | | | Personal Property Tax due June 30. Yes Xio | |
| | 9. Name and Address of Curre | ent Registered Agent | | 1 | | 10. Name and Address of New Registered Agent | |
| YA | ASONIS, THERESA DR. | | | 81 | Name | | - |
| 491 BELLA CAMINO WAY | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | \dashv |
| INDIALANTIC FL 32903 | | | | | | | |
| | | | | 83 | | | |
| 1 | | | F | 84 | City | 85 Zip Code | = |
| į | | | - | | • | FL | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | s, the ab | ove | named corporation | oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered | ∌d |
| agent. I a | m familiar with, and accept the obli | gations of, Section 607.0505, Flor | ida Stat | utes. | · | or a bodic or directors. Thereby accept the appointment as registered | ٠ |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered as | pent and title if applicable. (NOTE. ND DIRECTORS | | Agen | nt signature require | ad when reinstating) DATE | _ |
| 12. | D OFFICERS AF | DELETE DELETE | 13. | 1 5 | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit | ion |
| | YASONIS, THERESA A. D | _ | | | | Li Change Li Addii | ,,, |
| NAME | 404 DELLA CALINIO MANA | | 1.2 NAME 1.3 STREET ADDRESS | | | | |
| STREET ADDRESS | INDIA METO EI | | 1.4 CITY - ST - ZIP | | i | | |
| CITY-ST-ZIP TITLE | INDIACANTOTE | DELETE | 2,1 TITLE | | -ZIP | ☐ Change ☐ Addit | ion |
| NAME | | | 2.2 NAME | | | | • |
| STREET ADORESS | | | 2.3 STREET | | ADDRESS | | |
| | | | 2.3 STREET | | | | |
| CITY - ST - ZIP | | ☐ DELETE | 2. 4 CHY-1 | | 1-41F | Change Addit | an |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | 1 | | 3.4. CF | | I | | |
| TITLE | | ☐ DELETE | 4,1 TITLE | | | Change Additi | on |
| NAME | | | 4, 2 NA | | - | • | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 CIT | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | ☐ Change ☐ Additi | on |
| NAME | | | 5.2 NA | | Value of the same | | į |
| STREET ADDRESS | | | | | ADDRESS (| •• | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | | | 6.1 TITLE | | Change Additi | on |
| NAME | | | 6.2 NA | | | | ĺ |
| STREET ADORESS | | | | | ADDRESS | | - 1 |
| CITY-ST-ZIP | | | 6.4 CIT | | | | |
| 14. I hereby o | certify that the information supplied i | with this filing does not qualify for | the exe | mpti | on stated in S | Section 119.07(3)(i), Florida Statutes. I further certify that the information | 'n |

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes, 17thrief 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.

SIGNATURE: