FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # S20396** 1. Entity Name JEANNINE B. GONSALVES REALTY GROUP, INC. 01-19-2000 90185 009 ***150.00 Mailing Address Principal Place of Business 4410-A TAMIAMI TRAIL 4410-A TAMIAMI TRAIL CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980-2124 3. Mailing Address 2. Principal Place of Business 871 Ve<u>netia Bay Blvd</u> <u>871 Venetia Bay Blvd</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite #220 Suite #220 Applied For City & State 4. FEI Number City & State 65-0241574 Not Applicable Venice <u>Veniceá F</u> Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 34292 Fee Required 34292 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASSOLIO, DONALD Street Address (P.O. Box Number is Not Acceptable) 4410-A TAMIAMI TRAIL <u>871 Venetia Bay Blvd</u> CHARLOTTE HARBOR FL Suite #220 Zip Code Venice 34292 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Donald MAssolio (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F ☐ Delete GONSALVES, JEANNINE B. MAME STREET ADDRESS 535 BOARDMAN DRIVE STREET ADDRESS 629 Alhambra Rd #704 CITY-ST-7IP CITY-ST-ZIP **PUNTA GORDA FL** Venice FL 34285 Change Addition ☐ Delete TITLE TITLE MASSOLIO, DONALD NAME NAME 629 Alhambra Rd #704 535 BOARDMAN DRIVE STREET ADDRESS STREET ADDRESS Venice_FE134285 CITY-ST-ZIP **PUNTA GORDA FL** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP