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 # S37447

ST. JOSEPH'S PREFERRED, INC.

FILED									
May	19	1998	8:00am						
Secretary of State									



:								
Principal Place	e of Business	Mailing Address				J CODICALO JAN 11911 18816 81811 ACATS ONAL AFRICA DIE		IL BIĞEL (DA)
9003 W. DR. (TAMPA FL 33 US	MARTIN L. KING JR. BLVD. 807	P.O. BOX 4227 PHO DEFICE 3RD FL. MAB TAMPA PL 33677 US			3	DO NOT WRITE IN THIS Date Incorporated or Qualified	SPACE	
a Principal D	lace of Business	2a. Maiting Address			- -	03/13/1991 . FEI Number	- 1 14	
	ACE OF DOSINOSS		11 -1-	,		•		oplied For
Suite, Apt.	# ato	26Attn: Isaac Mal Suite, Apt. #, etc.	Lian			59-3055643		ot Applicable
22	#, 0 10.	27B003W.Dr. M.L.	.к.	.Ir. Rlv	_{7d} 6	. Certificate of Status Desired	7	Additional equired
City & State	9	City & State	,	07. 07.		, Election Campaign Financing		-
23		28 Tampa, FL			6	Trust Fund Contribution	,	May Be to Fees
Zip	Country	Zip	Count	ry	8	. This corporation owes or has paid the cu	irrent year Ini	tangible
24	25	29 33607-6387 30				. orderit i operit, tan aut tan ee] No
	g. Name and Address of Current	Registered Agent			10	Name and Address of New Registered	Agent	
MA	LL a h, isaac		8	1 Name				
3003 W. DR. MARTIN L. KING JR. BLVD.			82 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33607								
			В	3				
			B	4 City			85 Zip	Code
			ľ	1 01.,		Fl	_ 00 249	- 000
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named c	corporation	on submits this statement for the purpose of	of changing if	ls registered
agent. La	egi ste red agent, or both, in the state of m fam iliar with, and accept the obligat	ions of, Section 607,0505, Florid	a Statut	by the corpo es.	oration's	board of directors. I hereby accept the ap	pomment as	registered
SIGNATURE								
	Signature, typed or printed name of registered agent			gent signature (
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTS	☐ DELETE	1.1 TIFLE		P/D		Change	Addition
NAME	MALLAH, ISAAC		1.2 NAME	Ε				
STREET ADDRESS	3003 W. DR. ML KING BLVD.		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		1.4 CiTY	- ST - ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE		C/D		Change	Addition
NAME	AGLIANO, DENNIS		22 NAME	E [
STREET AODRESS	4600 N. HABANA		2.3 ST8F	FT ADDRESS				

TAMPA FL 33614 CITY-ST-ZIP 2 4 CITY - ST - ZIP S/T/D DELETE 3 1 TITLE X Change Addition TITLE PITISCI, GILBERT NAME 3.2 NAME 3003 DR. MLK, JR. BLVD. 3.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE VP/D X Change Addition TITLE 4.1 TITLE FRANCE, LANE NAME 4. 2 NAME **3222 AZEELE STREET** STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33609 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE 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 63 STREET ADDRESS

CITY-ST-ZIP 14. 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 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:

870-4 JUS