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

Mar 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S56813 (6) FANI PROPERTIES, INC. Principal Place of Business Mailing Address 6830 CENTRAL AVE. 6283 SUN BOULEVARD SUITE 3 SUITE B DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33715 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 05/30/1991 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 26 7746-66 TEST.N. 7746 - 66 TH ST - N. Suite, Apt. #, etc. 59-3127019 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing PINE ICA Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JONES, MARTIN S 6830 CENTRAL AVE. 82 SUITE B **A3** ST. PETERSBURG FL 33707 84 INELLAS ARK 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. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE PRESIDENT, SECRETARY DE TOMMASO, GIOVANNA NAME 1.2 NAME VIA IMPERIAL #3 STREET ADDRESS 1.3 STREET ADDRESS FRANCAVILLA FINA 72021 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DE TOMMASO, PIERFRANCESCO NAME 2.2 NAME VIA IMPERIAL #3 STREET ADDRESS 2.3 STREET ADDRESS FRANCAVILLA FINA 72021 CITY-ST-ZIP 2. 4 CITY - ST - 2IP DELETE ☐ Change Addition TITLE 3.1 TITLE SALVATORE, CANDITA NAME 3.2 NAME VIA IMPERIAL #3 STREET ADDRESS 3.3 STREET ADDRESS FRANCAVILLA FINA 72021 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

FILED

Addition

6.4 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 suppliemental 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE GINLAUR DETOMASS 2-26-42

DELETE

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS