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 # S64989

(4)

ANGELO FIORINO, INC.

FILED
Apr 21 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address		<u> </u>	FFELL BLOCK DIGIT DIJAK DUDIL TODI	
,	Mailing Address				
12384 SH 535 P.O. BOX 690875 ORLANDO FL 32869 US US US					
			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified		
			07/02/1991		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26			59-3083887	Not Applicable	
Suite, Apt #, etc Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	. Zip	Country	8. This corporation owes or has paid the o		
24 25		30	Personal Property Tax due June 30.	Yes No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registe LINE LEARN DANNY ECO. 81 Name				d Agent	
HILLMAN, RANDY, ESQ		81 Name			
203 E HILLCREST STREET ORLANDO FL 32801		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84 City		85 Zip Code	
			F	L	
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.					
agent. I am familiar with, and accept the ob-	ligations of, Section 607.0505, Flor	rida Statutes.	tions board of directors. Thereby accept the a	ppointment as registered	
SIGNATURE					
Signature typed or printed name of registerial		Registered Agent signature requ			
TITLE DT	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A		
	DECENE	1.1 TITLE		☐ Change ☐ Addition	
		1.2 NAME			
USITED ALBASILEI		1.3 STREET ADDRESS			
CITY-ST-ZIP WINTER GARDEN FL	DELETE	1.4 CITY - ST - ZIP		[] 05 [] 4-25	
		2.1 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	T DOLLTE	2. 4 CITY-ST-ZIP		Digital Language	
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP THILE	DELETE	3.4 CITY-ST-ZIP		0	
	FT DECEIE	4.1 TITLE		Change Addition	
NAME		4.2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			
CITY-ST-ZIP	T out to	44 CITY-ST-ZIP			
TIFLE	☐ DELETE	5 1 TITLE		Change Addition	
NAME		52 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 C/TY-ST-ZIP			
TITLE	DELETE	61 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-S1-ZIP		6.4 CITY-ST-ZIP	Continue 110 07/2V() Florido Ctatutos 14 others		

necessive 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 receipting frustee 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 attaining it with an address.

SIGNATURE:

مر د

ANGELO FIDRINO

PEES

4-15-9

407-239-6972

CR2E034 (10/9