## 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 # S69319 (9) 1. Corporation Name JOHN P. IZZO & ASSOCIATE, INCORPORATED				1 HEGINGIA DIA ADMA DAREA NIGA NONG 1817 BIDIN ANDI	Ololi Birsi omik ribik nosi
	- <del>75</del> -		<del></del>		
Principal Place of Business Mailin		Mailing Address			
100 N INDIANA AVE		180 N INDIANA AVE ENGLEWOOD FL 34223			
ENGLEWOOD FL 84223		ENGLEWOOD FL 34223		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/24/1991	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		[26]		65-0275494	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Floating Compaign Financing	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered A	lgent
IZZO, JOHN P. 180 N INDIANA AVE ENGLEWOOD FL 34223  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			83   84   City	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code
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, typod or printed name of registered agent and tire if applicable  (NOTE: Registered Agent signature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS IN 12					
12. TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	J <b>O</b> HN P. IZZO		1.2 NAME	•	C overige C Addition
STREET ADDRESS	180 N. INDIANA		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	VICTORIA GUERRIERO	_	2.2 NAME		
STREET ADDRESS	180 N. INDIANA		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		<u> </u>
TITLE		☐ DELETE	5.1 TITLE	i	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		I OFFICE	5.4 CITY-ST-ZIP		<b>—</b>
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		į
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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:

of and Land

4.11.98

475.7617

**FILED** 

Apr 24 1998 8:00am

Secretary of State

3R2E034 (10/97)