

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S71053 (0)

1. Corporation Name
KATHLEEN A. PAPARELLA, P.A.



Principal Place of Business 12773 W. FOREST HILL BOULEVARD SUITE 1201 WELLINGTON FL 33414 US	Mailing Address 12773 W. FOREST HILL BOULEVARD SUITE 1201 WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1991

2. Principal Place of Business 21 1200 Corporate CenterWay	2a. Mailing Address 26 1200 Corporate CenterWay
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Wellington, Florida	City & State 28 Wellington, Florida
Zip 24 33414	Country 25 USA
Zip 29 33414	Country 30 usa

4. FEI Number
65-0274821

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PAPARELLA, KATHLEEN A.
 12773 W. FOREST HILL BOULEVARD
 SUITE 1201
 WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **Kathleen A. Paparella**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 Corporate Center Way

83 **Suite 201**

84 City **Wellington** **FL** 85 Zip Code **33414**

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 *Kathleen A. Paparella* **Kathleen A. Paparella** **3-25-98**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME PAPARELLA, KATHLEEN A	
STREET ADDRESS 12773 W. FOREST HILL BLVD. #1201	
CITY-ST-ZIP WELLINGTON FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME PAPARELLA, KATHLEEN A	
STREET ADDRESS 12773 W. FOREST HILL BLVD. #1201	
CITY-ST-ZIP WELLINGTON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Kathleen A. Paparella* **Kathleen A. Paparella** **3-25-98** (561) 708-0626

CR2E034 (10/97)