

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

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Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>12773 W. FOREST HILL BOULEVARD SUITE 1201 WELLINGTON FL 33414 US</b>	Mailing Address <b>12773 W. FOREST HILL BOULEVARD SUITE 1201 WELLINGTON FL 33414 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1200 Corporate CenterWay</b>		2a. Mailing Address <b>26 1200 Corporate CenterWay</b>		3. Date Incorporated or Qualified <b>08/02/1991</b>	
Suite, Apt. #, etc. <b>22 Suite 201</b>		Suite, Apt. #, etc. <b>27 Suite 201</b>		4. FEI Number <b>65-0274821</b>	
City & State <b>23 Wellington, Florida</b>		City & State <b>28 Wellington, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33414</b>		Zip <b>29 33414</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name <b>Kathleen A. Paparella</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 Corporate Center Way</b>
83 <b>Suite 201</b>
84 City <b>Wellington</b>
85 Zip Code <b>FL 33414</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PAPARELLA, KATHLEEN A</b>		1.2 NAME	
STREET ADDRESS <b>12773 W. FOREST HILL BLVD. #1201</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>WELLINGTON FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PAPARELLA, KATHLEEN A</b>		2.2 NAME	
STREET ADDRESS <b>12773 W. FOREST HILL BLVD. #1201</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WELLINGTON FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
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: *Kathleen A. Paparella* **Kathleen A. Paparella** **3-25-98** (561) 708-0626

CR2E034 (10/97)