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

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)JEFFREY S. DEANGELIS, P.A. Principal Place of Business Mailing Address 4621 SHEARWATER LANE NAPLES FL-22000 4621 SHEARWATER LANE NAPLES FL 34119 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/20/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65:0320478 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 34119 29 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Ager 10. Name and Address of New Registered Agent DEANGELIS, JEFFREY S. **4621 SHEERWATER LANE** 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME DEANGELIS, JEFFREY S. 1.2 NAME STREET ADDRESS **4621 SHEERWATER LANE** 1.3 STREET ADDRESS NAPLES FL CHTY-ST-ZIP 1.4 CITY - ST - ZIP DELE 1E Change ☐ Addition 2.1 TITLE TITLE **DEANGELIS. JANICE** NAME 2.2 NAME **4621 SHEERWATER LANE** STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1.7(T) F 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 eath; 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:

FILED