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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V29444

(9)

## ROSS TOMASELLI CORPORATION

| 11000 11   | ONE OFFICE  |   |   |                        |  |  |                               |  |
|--|---|---|---|------------------------|--|--|-------------------------------|--|
| Principal Place of Business C/O ROSS. CHARLES 8370 40TH AVENUE NORTH ST. PETERSBURG FL 33709 |   | •   | C/O ROSS. CHARLES<br>8370 40TH AVENUE N<br>ST. PETERSBURG FL 33709-3935 |                        |  |  |                               |  |
| US   |   | US  | US  |                        |  | 3. Date Incorporated or Qualified 04/13/1992 3. Date of Last Report 02/08/1996 |                               |  |
| 2. Principal Place of Business   |   | 2a. Mailing Address   | 2a. Mailing Address   |                        |  | -  | Applied For<br>Not Applicable |  |
| Suite, Apt.  | #, etc  | Suite, Apt. #, etc.   |   |                        | 56-3174952<br>5. Certificate of Status Desired   |  | .75 Additional                |  |
| City & Stall   | e   | City & State  | ,   |                        | 6. Election Campaign Financir  | ··· · · · · · · · · · · · · · · · · ·  | Fee Required  5.00 May Be     |  |
| 23   |   | 28  |   |                        | Trust Fund Contribution  | <u>`</u>   | dded to Fees                  |  |
| Ζιρ<br><b>24</b>   | Country<br>25   | Z <sub>(P</sub>   | 30 Cou  | ntry                   | <ol> <li>This corporation has liability<br/>Florida Statutes</li> </ol>  | for intangible tax ui  |                               |  |
|  | 9. Name and Address of Cur  |   |   |                        | 10. Name and Address of Nev  |  |                               |  |
| ROS  | S, CHARLES  |   |   | 81 Name                |  |  |                               |  |
| 8370   | 40TH AVENUE N   |   | 82 Street Addre   |                        | dress (P.O. Box Number is Not Acce   | ptable)  |                               |  |
| 81.1   | PETERSBURG FL 33709   |   | ŀ   | 83                     |  |  |                               |  |
|  |   |   |   | 84 City                |  | FL 85  | Zip Code                      |  |
| 11. Pursuant   | to the provisions of Sections 607 (   | 0502 and 607 1508 Florida Stati                                     | utes the ar   | ove-named cor          | rporation submits this statement for   |  | oing its registered           |  |
| office or r  | registered agent, or both, in the St<br>im familiar with, and accept the ob   | ale of Florida. Such change was                                     | s authorized  | by the corpora         | ation's board of directors. I hereby a   | ccept the appointme  | ent as registered             |  |
| SIGNATURE  | Signature hyped or promotinance of registered   | agent and title 4 approachle (NC                                    | OTF Registered  | Agent signature requ   | uired when reinstating)  | DATE   |                               |  |
| 12.  |   | AND DIRECTORS   | 13.   | rigeri signatera te qu | ADDITIONS/CHANGES TO C   |  | CTORS IN 12                   |  |
| TITLE  | OP .  | ☐ DELETE  | 1.1 TIT   | LE                     |  |  | hange Addition                |  |
| NAME   | ROSS, CHARLES W.  |   | 1.2 NA  | ME                     |  | •  | *                             |  |
| STREET ADDRESS   | 5933 GULFPORT BLVD  |   | 1.3 ST  | REET ADDRESS           |  |  |                               |  |
| CITY-ST-ZIP  | GULFPORT FL   |   | 1.4 CI  | Y-ST-ZIP               |  |  |                               |  |
| TITLE  | DVPS  | ☐ DELETE  | 2.1 TIT   | LE                     |  | □ c  | hange 🔲 Addition              |  |
| NAME   | TOMASELLI, JOEL   |   | 2.2 NA  | ME                     |  |  |                               |  |
| STREET ADDRESS   | 1435 CARTECAY DR  |   | 2 3 ST  | REET ADDRESS           |  |  |                               |  |
| CITY - ST - ZIP  | ATLANTA GA  |   | 2. 4 Ci   | TY-ST-ZIP              |  |  |                               |  |
| TITLE  |   | ☐ DELETE  | 3.1 TH  | LE                     |  | □¢   | hange L Addition              |  |
| NAME   |   |   | 3.2 NA  | ME                     |  |  |                               |  |
| STREET ADDRESS   |   |   | 3.3 ST  | REET ADDRESS           |  |  |                               |  |
| CITY - ST - ZIP  |   |   |   | TY-ST-ZIP              |  |  |                               |  |
| TITLE  |   | ☐ DELETE  | 4.1 111   |                        |  | ЦC   | hange L Addition              |  |
| NAME   |   |   | 4. 2 N  |                        |  |  |                               |  |
| STREET ADDRESS   |   |   | 4.3 ST  | REET ADDRESS           |  |  |                               |  |
| CITY-ST-ZIP  |   | T DE ETE  |   | Y-ST-ZIP               |  |  | Addition                      |  |
| TITLE  |   | L DELETE  | 51 TIT  | -                      |  | L.J U  | hange LJ Addition             |  |
| NAME   |   |   | 5.2 NA  | ì                      |  |  |                               |  |
| STREET ADORESS   |   |   | P 1   | REET ADDRESS           |  |  |                               |  |
| CITY ST-ZIP  |   | DELETE  | 5.4 CI  | Y-ST-ZIP               |  | <u> </u>   | hange                         |  |
| TITLE  |   | ריין מנגניונ  | 6.1 M   |                        |  | Ü,   | imigo 🗀 Addition              |  |
| NAME<br>CIDCET ADDUCC  |   | _   | 1   | 1                      |  |  |                               |  |
| STREET ADDRESS   |   | $\sim$ $\sim$ $\sim$  |   | REET ADDRESS           |  |  |                               |  |
|  | L by certify that the information supri   | olice with this fine does not out                                   |   |                        | ed in Section 119.07(3)(i), Florida St   | atutes. I further certi  | fy that the                   |  |
| informatio<br>Lam an o   | by certify that the information support indicated on this annual report officer or director of the corporation in Block 12 or Block 13 if changes | or supplemental annual report is<br>or the receiver or trusted empo | alify to the<br>tue and a   | ocurate and the        | ed in Section 119.07(3)(i), Florida Stat my signature shall have the same ort as required by Chapter 607, Flor | legal effect as if ma  | ide under oath; i             |  |

Phone #

**FILED** 

Jan 28 1997 8:00am

Secretary of State