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

PROFIT CORPORATION ANNUAL REPORT

1998

GANGI, JOHN W.

1802 SW BAYSHORE BLVD.

PORT ST. LUCIE FL 34984



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

Principal Place of Business		Mailing Address			
1802 SW BAYSHO PORT ST. LUCIE I		9815 S OCEAN DR UNIT 5 JENSEN BEACH FL 34957 US			
Principal Place of Business		2a, Mailing Address			
Principal Place	of Business	2a, Mailing Address			
<u>'</u>	of Business	2a, Mailing Address 26			
<u>'</u>		·····			
Suite, Apt. #, et		26			
1		Suite, Apt. #, etc.			
Suite, Apt. #, et		26 Suite, Apt. #, etc.			
Suite, Apt. #, et		26 Suite, Apt. #, etc. 27 City & State			

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1992 4. FEI Number Applied For 65-0342112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent

84 City Zip Code 85 Fl 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

81 Name

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agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if approatite (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICE HS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
TITLE	D	DOLETE	1.1 TITLE	Change	Addition			
NAME	GANGI, JOHN W.		1.2 NAME		Į			
STREET ADDRESS	1802 SW BAYSHORE BLVD.		1.3 STREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		1.4 CHY-ST-ZIP					
TITLE	D	DELFTE	2.1 TITLE	Change	Addition			
NAME	ESPENSCHIED, FRED		2.2 NAME					
STREET ADDRESS	1802 SW BAYSHORE BLVD.		2.3 STREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2. 4 CITY- ST-7IP]			
TITLE		☐ DELETE	3 1 THLE	☐ Change	☐ Addilion			
NAME			3.2 NAME		İ			
STREET ADDRESS			3 3 STREET ADDRESS		ĺ			
CITY-ST-ZIP			3.4. C(TY - \$1 - Z(P					
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NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CHY-S1-7IP					
TITLE		☐ DELETE	5 1 1IILE	☐ Change	Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		.			
DITY-ST-ZIP			5.4 CITY- ST- ZIP					
TITLE		☐ DECEȚE	6 1 TITLE	☐ Change	Addition			
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADDRESS					
CITY-ST-ZIP			6 4 CHY-SI-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.

Street Address (P.O. Box Number is Not Acceptable)