

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

FILED  
Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90009 003 \*\*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 289077

1. Corporation Name  
NTGARGIULO, INC.

Principal Place of Business  
649 5TH AVENUE SOUTH  
SUITE 221  
NAPLES FL 34102  
US

Mailing Address  
649 5 AVE S  
221  
NAPLES FL 34102  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1965

4. FEI Number

59-1088148

Applied For

Not Applicable

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 the current year Intangible  
Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARGIULO, JEFFREY D.  
1442 GALLEON DR  
NAPLES FL 34102

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PROCACCI, JOSEPH	
STREET ADDRESS	3655 SO LAWRENCE ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARGIULO, JOHN R	
STREET ADDRESS	649 5TH AVE, S., #221	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GARGIULO, DEWEY R	
STREET ADDRESS	649 5 AVE S,221	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POKLEMB, STEPHEN A	
STREET ADDRESS	15000 OLD 41 NO	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROCACCI, J M	
STREET ADDRESS	1042 PUTNAM BLVD	
CITY-ST-ZIP	WALLINGFORD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHBEINM, BENJAMIN	
STREET ADDRESS	ELKINS PK SQ STE 200	
CITY-ST-ZIP	ELKINS PK PA	

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 checked="" type="checkbox"/> Change <input checked="" 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)