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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 670032

(2)

ANTHONY J. LASPADA, P.A.

FILED Apr 10 1997 8:00am Secretary of State



Dine 15	conf Duninger	Molling Address				DIÇII ŞIBIİ BIBIH BIBI	I BLÍÐÍÐ ÐAÐAÐ 3881
Principal Place of Business Mailing Address 4000 NUMBER OF THE PRINCIPAL MOROAN CT							
1802 N. MOR TAMPA FL 33		1802 N. MORGAN ST. TAMPA FL 33602-2328					
					3. Date Incorporated or Qualified 05/13/1980	3a. Date of L 04/23/19	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21	·	26			59-2001219		Not Applicable
Suite, Apl		Suite. Apt. #, etc.			5. Certificate of Status Desired	F	75 Additional se Required
City & Sta 23		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		der s. 199.032,
24	25	29	30	· · · · · · · · · · · · · · · · · · ·		Yes No	
	9. Name and Address of Curre	ent Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
	SPADA, ANTHONY J.			Name			
	02 N. MORGAN ST.		2	82 Street Add	dress (P.O. Box Number is Not Acceptat	ile)	770 - 1111
IA	MPA FL 33602			83			
		· · · · · · · · · · · · · · · · · · ·	1.6	84 City		FL 85	Zip Code
SIGNATURE	Signal no typed or printed name of registered a	igent and title if applicable (NOT)	: Registere		rporation submits this statement for the pation's board of directors. I hereby acception to the patient of the patient when reinstaling.	DATE	
12.	OFFICERS AI	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TIILE NAME	LASPADA, ANTHONY J	butte	1.17ľ 1.2 N	· · · · · · · · · · · · · · · · · · ·	¥.		inge L. Ruonion
STREEL ADDRESS	TANA NI NIGORANI OT			REET ADDRESS			
City-St-Zip	TAMPA FL		4	TY-ST-ZIP			
TITLE	PS	☐ DELETE	2.1 1	· · · · · · · · · · · · · · · · · · ·	1 .	Ch	ange Addition
NAME	LASPADA, ANTHONY J		2.2 N/	UME .	•		
STREET ADDRESS			2.3 \$1	REET ADDRESS			
CHY-ST-ZIP	TAMPA FL		_	ITY-ST-ZIP	······································	17 2.	
TITLE		DELETE	3.1 Ti	I .		☐ Ch	ange Addition
NAMÉ AMÉ AMERICA			3.2 N/		1	,	
STREET ADDRESS	'			REET ADDRESS			
CITY - \$1 - 7IP		☐ DELETE	4.1 7	ITY-ST-ZIP		☐ Ch	ange Addition
NAME			4.2 N				
STREET ADDRESS			4.3 S	REET ADDRESS			
CITY-ST-ZIP			- I	TY-ST-ZIP			
THILE		☐ DELETE	5.1 T/	TLE		☐ Ch	inge Addition
NAMÉ			5.2 N	· I			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIF		Dt) rTr	_	TY-ST-ZIP			non Addison
TITLE		☐ DELETE	6177	i		☐ Ch	ange L Addition
NAME CLOSET ADDOSES			6.2 N	I .			
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-2IF			6.4 C	TY-ST-ZIP			

14. If do 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 hangedaor on an attachment

SIGNATURE: