PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name

DOCUMENT # 691846



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90219 010 ***150.00

J. D'AMARO, INC. Mailing Address Principal P ace of Business 12755 INDIAN ROCKS RD. 12755 INDIAN ROCKS RD. LARGO FL 34644-2304 LARGO FL 34644-2304 DO NOT WRITE IN THIS SPACE 3 Date incorporated or Qualifed 06/23/1981 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2792401 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 23 28 Country Zip Country This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent D'AMARO, JOSEPH J, JR Street Address (P.O. Box Number is Not Acceptable) 12755 INDIAN ROCKS RD. **LARGO FL 33544** 83 84 85 Zip Code City 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 ni me of registered agen and title if applicable (NO1E: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. □ DELETE Change Addition 1.1 TITLE TITLE D'AMARO, JOSEPH J, JR 1.2 NAME NAME 12755 INDIAN ROCKS RD. 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 14 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition [] Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 51 TM E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I heretly 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 changer, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

GOEFICER OR DIRECTOR

4-21-99 727-593-1042 Date Daylime Phone #