Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90053 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000022

1. Corporation Name

NARDONE & COMPANY, INC.

	• •							JI Ha lik Ha lik I			<u> </u>
Principal Place	of Business	Mail	ling Address				4 1881188 ITER 1811E BATTE BATTE	11 WW111 2 2111 V	#111 48 111	/ 110 11	1819 1191 1991
302 RITCHIE HWY SEVERENA PARK MD 21146 US			302 RITCHIE HWY SEVERNA PARK MD 21114 US				DO NOT WRI	TE IN THIS	SPACI	E	
••							3. Date Incorporated or Qualifed			-	ì
			,				01/03/1995				
2. Principal Pl	ace of Business	2a. I	Mailing Address				4. FEI Number		 -	_	lied For
21		26					52-1837355		- 60		Applicable
Suite, Apt.	#, etc 	27	Suite, Apt. #, etc.			<u>-</u> -	5. Certifcate of Status Desired		Fe	ee Req	
City & State	9	28	City & State	_			Election Campaign Financing Trust Fund Contribution		-	.00 M	May Be Fees
Zip	Country		Zip	Col	untry		8. This corporation owes the curr	ant year Into			_
24	25	29		30	,		Personal Property Tax.		☐ Yes	<u> </u>	□No
	9. Name and Address of Curren	t Registe	red Agent				10. Name and Address of New F	egistered	Agent		
	A ACCOUNT A BURELED				81	Name					
KATZ, SCOTT S BUTLER						Street Ad	Idress (P.O. Box Number is Not Accepta	ible)			
BAYPORT PLAZA, SUITE 100											
	COURTNEY CAMPBELL COSW/	41			83	1					
J. J. J. AMI	PA FL 33607				84	City			85	Zip C	ode
	w. «	,	1 × 1					<u> </u>			
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida	ı. Such change was	s authonze	o by	the corpora	orporation submits this statement for the ation's board of directors. I hereby acceptation	t the appoi	changii 1tment	as reg	istered :
SIGNATURE											
	Signature, typed or printed name of registered agen			TE: Registere		nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIR	ECTO	RS IN 12
12.	OFFICERS AN	D DIREC	DELETE				ADDITIONS/CHANGES TO OF	- IOLINO AIN	□ Ch		Addition
TITLE .	P		C VELETE	1,1 T		Ì					
NAME	NARDONE, GEORGE E JR				AME				•		
STREET ADDRESS	90 PREMIER CT.			ı		ADDRESS					
CITY-ST-ZIP	SEVERNA PARK MD 21146		DELETE		TTY-S	T-ZIP			☐ Ch	ance	[] Addition
TITLE	S		C) nere ie	2.1 T						u., .g.c	
NAME	NARDONE, JEANANN			1 -	AME TOSE			-			
STREET ADDRESS	90 PREMIER CT.					ADDRESS					
CITY-ST-ZIP	SEVERNA PARK MD 21146		☐ DELETE	3.1 7	OTY-S	51-ZIP			Ch	ange	Addition
TITLE	OAM			1	AME					•	_
NAME	MCCABE, KARLA					T ADDRESS					
STREET ADDRESS	2054 FOREST HILL LANE										
CITY-ST-ZIP	CROFTON MD 21114		☐ DELETE		CITY-S TILE	51-ZIP			☐ Ch	ange	Addition
					NAME						
NAME						T ADDRESS					
STREET ADDRESS					ITY-S						
CITY-ST-ZIP			DELETE		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1-21			□ Ch	ange	Addition
					IAME						
NAME						TADDRESS					
STREET ADORESS				- 1	XTY-S	<u> </u>	•				
CITY-ST-ZIP TITLE			☐ DELETE		TILE				Ch	ange	Addition
NAME					IAME	[-	•				
STREET ADDRESS				6.3 9	TREE	TADDRESS					
I SIVEEL WORKESS						ı					

6.4 CITY-ST-ZIP

SIGNATURE:

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 ecciver of 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, by on an attachment with an address, with all other like empowered.