FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 023 ***300.00

- 1 1881/10 8/81 1/10/4 60/8/ 18/9/ 18/9/ 1882 18/9/ 18/9/ 18/9/ 18/9/ 18/9/ 18/9/ 18/9/ 18/9/ 18/9/

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10887

1. Corporation Name

AVANZINI BUILDERS, INC.

						_				I BIAIT BIBILIBAL
Principal Place of Business Mailing Address								•		
3009 E GULF TO LAKE % BRADSHAW & MOUNTJOY. P.A					. A .					
209 COURTHOUSE SO.			209 COURTHOUSE SO.					DO NOT WRITE IN THIS SPACE		
INVERNESS FL 34453 US			INVERNESS FL 32650					3. Date Incorporated or Qualifed		
03								04/22/1986		
2 Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		Applied For
21		26						59-2671713		Not Applicable
	#, etc.	120,	Suite, Apt. #, etc.			_		ول والمنظ المستقب المناز المنظل المستقبل المستقبل المستقبل	- -\$8.75	Additional -
22			27					5. Certificate of Status Desired	Fee I	Required
City & State			City & State					6. Election Campaign Financing	\$5.0	0 May Be
23		28						Trust Fund Contribution	Adde	d to Fees
Zip	Country		Zip	_	Country	'		8. This corporation owes the current year l		<u></u>
24	25	29		30				Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Regis	tered Agent			T		10. Name and Address of New Registered	1 Agent	
1401	NTION O MOULE				81	Name				
MOUNTJOY, S. MICHAEL						Street	Addre	ss (P.O. Box Number is Not Acceptable)		
209 COURTHOUSE SQUARE						<u> </u>				· ·
INVE	RNESS FL 32650				83					\ !
					84	City			. 85 Zi	p Code
						, ,		F	L `	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligation	f Florid	da. Such chapge was a	utho	ized by	the core	corpoi oration	ration submits this statement for the purpose on a board of directors. I hereby accept the app	ointment as	registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable (NOTE	Regis	tered Ane	nt signature	required t	when reinstating) DATE		
12.	OFFICERS AND				13.	3		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE *	OD		☐ DELETE	_	1.1 TITLE				☐ Chang	
NAME	AVANZINI, CHARLES WALTER			1	1.2 NAME		1			
STREET ADDRESS	ARROW TO LAUF LINE			ı	1.3 STREE	T ADDRESS				
CITY-ST-ZIP .	INVERNESS FL 34453				1.4 ČITY- S	r ⊛	Į			
TITLE	STD	_	☐ DELETE	_	2.1 TITLE	·			☐ Chang	e Addition
NAME	AVANZINI, RICHARD PAUL				2.2 NAME					
STREET ADDRESS	3009 E GULF TO LAKE HWY			ł	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	INVERNESS FL 34453	ندتني	بالما مناضين. الهيمة المستششين	≃	2. 4 CITY			والمستعدد والمستوسوري السند المدرد والمربو سيبين		to the second
TITLE	WYELINESS TE STIES		☐ DELETE	_	3.1 TITLE				☐ Chang	e Addition
NAME				- 1	3.2 NAME		1			
STREET ADDRESS					3.3 STREE	TADDRESS				
CITY-ST-ZIP				1	3.4. CITY-:	ST-ZIP	ļ			
TITLE			☐ DELETE	_	4.1 TITLE				☐ Chang	e Addition
NAME					4. 2 NAME					
STREET ADDRESS				ı	4.3 STREE	T ADDRESS				
				1	4.4 CITY- 8	T-7IP	1			
CITY-ST-ZIP TITLE			DELETE	_	5 1 TITLE		 		☐ Chang	e
NAME			_ = =		5.2 NAME					
STREET ADDRESS				1		TADORESS	ļ		•	i
				j	- 5.4 CITY-5	ST-ZIP				
CITY-ST-ZIP			☐ DELETE		6.1 TITLE		†		Chang	e Addition
				·	6.2 NAME					
NAME				J		TADDRESS	.1			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP