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 # **P93000014770**1. Corporation Name

DELLAPIETRA & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address	Mailing Address				. ,		
15818 ASHBY F	IELD ROAD		15818 ASHBY FIELD ROAD						
DAVIE FL 33331		DAVIE FL 33331				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/19/1993			
		- 10 III				4. FEI Number		Applied For	
2. Principal Pl	ace of Business	2a. Mailing Address				I 11		Not Applicable	
21		26				65-0389000 Not Applicable \$8.75 Additional			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ''			5. Certifcate of Status Desired		Required	
22		27							
City & State	e	City & State	City & State			6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		d to Fees	
Zip	_ 		Country			8. This corporation owes the current year Intangible			
24	25					1 eradian Toporty Tux.			
	9. Name and Address of Cu	rrent Registered Agent		041		10. Name and Address of New Registered	Agent		
DC14	ABIETRA CUIDICTORUED D			81	Name				
DELLAPIETRA, CHRISTOPHER P				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	8 ASHBY FIELD ROAD			A ST THE STATE OF					
DAVI	E FL 33331			83					
				04	Cit.		85 Zi	ip Code	
				84	City	FL	. 65 -	ip Code	
44 Dureuent	to the provisions of Sections 607	0502 and 607.1508. Florida Statut	tes, the a	bove-	named corp	poration submits this statement for the purpose of	changing	its registered	
. Affica of a	existered exent or both in the Si	are of Fiorida. Such change was a	uuronzet	ווא עיט ג	ne corporatio	on's board of directors. I hereby accept the appoi	ntment as	registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	onda Stati	utes.					
SIGNATURE		/NOTE	Panietered	Anent s	eignature require	d when reinstating) / DATE			
Ognation, types of principles and principles				riguni	agriculture require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12	
TITLE				TLE			Chang		
	DELLAPIETRA, CHRISTOPH		1.2 N						
NAME					ADDRESS				
STREET ADDRESS	15818 ASHBY FIELD ROAD				1				
CITY-ST-ZIP	DAVIE FL 33331	Delete	_	TY-ST-	ZIP		☐ Chang	ne Addition	
TITLE	☐ DELETE 2.1								
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			2.40	ITY-ST-	-ZIP				
TITLE		☐ DELETE	3.1 TI	TLE			Chang	ge 🗌 Addition	
NAME			3.2 N	AME.					
STREET ADDRESS			3.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	∦. ∈ ′		3.4. C	XTY-ST-	-ZIP				
TITLE		☐ DELETE	4.1 TI	ΠLE		•	Chang	ge ¹ ☐ Addition	
			4. 2 N	AME					
NAME	,* •				ADDRESS				
STREET ADDRESS	:		1	ITY-ST-				Ì	
CITY-ST-ZIP		☐ DELETE	5,1 TI		Z.IF		☐ Chan	ge Addition	
TITLE			5.1 N						
NAME					ADDRESS			Į.	
STREET ADDRESS	0.414								
CITY-ST-ZIP	•			ITY-ST-	Z1P		Chan	ge Addition	
TILE	27	☐ DELETE	6.1 T	IILE				80 Pungings	

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 of water 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

01-10-99

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90019 040 ***150.00