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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9600007260

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 04, 1999 8:00 am Secretary of State 05-04-1999 90145 014 ***150.00

ANGELO P. MASTRORILLO, P.A. Mailing Address Principal Place of Business 3936 TAMIAMI TRAIL NORTH 3936 TAMIAMI TRAIL NORTH SHITE B SUITE B DO NOT WRITE IN THIS SPACE NAPLES FL 33940 NAPLES FL 33940 3. Date Incorporated or Qualifed 01/23/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0639580 26788 McLaugh lin Blud Not Applicable 26788 McLaughlin Blod. 26 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees BONITA 28 This corporation owes the current year Intangible Personal Property Tax. 25 29 *339*23 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Angelo DAVIS, MICHAEL S ESQ. 3936 TAMIAMI TRAIL NORTH 26788 McLaughlin SUITE B 83 NAPLES FL 33940 City BONIA 85 Zip Code 84 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 register 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 107.0505, Florida Statutes. 33913 4-27-9 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE Awaelo DAVIS, MICHAEL S ESQ. 12 NAME NAME 3936 TAMIAMI TRAIL NORTH, SUITE B 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33940 1.4 CITY+ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 2.1 TITLE TITLE 22 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 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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.

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98