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

PROFIT CORPORATION ANNUAL REPORT

1999

57.49 200 000

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90020 031 ***158.75

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700092235

1. Corporatio	COTTI & ASSOCIATES, INC.	192235					
Principal Place of Business Mailing Address					\$ 100411204 110 (011) (001) 00114 0011 00114 EU	1142 12510 11 410 14000	1 film) maji jemi
5749 NW 101 WAY 5749 NW 101 WAY CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076					DO NOT WRITE IN TH	HE SPACE	
			•	,	3. Date Incorporated or Qualifed	IIS SPACE	_ .
					10/24/1997		ļ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ар	plied For
21 26					65-0798970	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27					3. 3031.01.01.01.01.01	Fee Re	quired
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00	
23 28 70			0		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip .	Country	, .	8. This corporation owes the current year		Zu.
24	9. Name and Address of Current I	29 3	0		Personal Property Tax. 10. Name and Address of New Registere		No
	g, Name and Address of Current		81	Name	10. Name and Address of New Registers	A Agent	
MANGIACOTTI, WALTER 5749 NW 101 WAY			82		fress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33076			83		Take the control of t	77.5 m	10 (33)
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to excite a second			84	' '	i je ir a rik a rik e sa	L 85 Zip C	. 1
office or r	to the provisions of Sections 607.0502 and the State of segment and familiar with, and accept the obligation	Florida: Such change was auth	horized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annicable (NOTE: P.	egistarad Agai	nt cianătura raquir	ed when reinstating), ; ; ; ; DATE	 	
12. OFFICERS AND DIRECTORS 13.				in signature roquir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		7.55 (1.51) (☐ Change	Addition
NAME	MANGIACOTTI, WALTER	•	1.2 NAME		The second secon		
STREET ADDRESS	5749 NW 101 WAY	•	1.3 STREE	TADDRESS	•		
CITY-ST-ZIP	CORAL SPRINGS FL 33076	•	1.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		ļ
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
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TITLE	and the second s	☐ DELETE	3.1 TITLE			☐ Change	Addition
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CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP		tara e a santa e	
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NAME ,			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-\$T-ZIP			4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	1
STREET ADDRESS		•	i i	TADDRESS .			
CITY-ST-ZIP	· ·		5.4 CITY-S	T-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.

6.2 NAME

☐ DELETE

IGNATURE: WOLLDWATURDREGUARETER MANGIACOTT. 1/14/89 554-341- 4953

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CD2E034 (41/08)

Change

☐ Addition