

NEVER RECEIVED FIRSTONZ P.OFFICE CLAIMS W RONG ADI
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90001 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000107686**

1. Corporation Name

220 WEST MIAMI CORPORATION



Principal Place of Business

221 WEST MIAMI AVE
VENICE FL 34285

*Jan 99
Has been
changed*

Mailing Address

221 WEST MIAMI AVE
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1998

2. Principal Place of Business

21 220 West Miami Ave

Suite, Apt. #, etc.

22

2a. Mailing Address

26 220 West Miami Ave

Suite, Apt. #, etc.

27

4. FEI Number

65-0884767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes

☐ No

City & State

23 Venice FL

Zip

24 34285

Country

25 U.S.A

City & State

28 Venice FL

Zip

29 34285

Country

30 U.S.A

9. Name and Address of Current Registered Agent

SILVIA, GREGORY E

221 WEST MIAMI AVE
VENICE FL 34285

*— 220 West Miami Ave
was CHANGED
Jan 99*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
Gregory E. Silvia
624 Granada Ave
Venice FL 34285

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President
Diane Silvia
624 Granada Ave
Venice FL 34285

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Gregory Silvia
Secretary
624 Granada Ave
Venice FL 34285

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer
Diane F. Silvia
624 Granada Ave
Venice FL 34285

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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.

SIGNATURE: **Diane F. Silvia**

9-5-99

941 484-5187

CR2E034 (5/99)

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