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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 604555

ANTHONY L. ELIA, INC.

	e oi business	Mailing Address			I		
SUITE 396		4691 N UNIVERSITY DR SUITE 396 CORAL SPRINGS FL 33067			DO NOT WRITE IN THIS SPACE		
CORAL SPRINGS FL 33067 US		US .		3. Date Incorporated or Qualifed			
00	,				1 **		
					07/24/1973		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1479417	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	•	27			5. Certificate of Status Desired	Fee Re	quired
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00	
		<del>├</del>			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country				O r ees
— ·			<b>一</b> '	,	8. This corporation owes the current year Int		
24	25		30		Personal Property Tax.		□No
	9 Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
	, ANTHONY L		81		Address (P.O. Box Number is Not Acceptable)	•	
	I'N UNIVERSITY DR., SUITE 396	and the second s	62	Sireet.	Address (F.O. Dox Number is Not Acceptable)	. 14	
®# # ⊕COR	IAL SPRINGS FL 33434	THE PROPERTY IN	83			11 305 113	12. Sec. 15.1
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpose of	changing its	registered
office or n	egistered agent, or both, in the State of	of Florida, Such change was au ions of Section 607 0505. Flori	thorized by da Statutes	the corpo	oration's board of directors. I hereby accept the appoin	ntment as rec	listereo .
11.	arriamar mar, and accept the obligat	US	ou Olalatot	•			
SIGNATURE	Signature, typed or printed name of registered agent	and fitte if annicable (NOTE:	Pagistered Ager	of signature o	equired when reinstating) • • • • • • • DATE	<del></del> -	
12.	OFFICERS AND		13.	n organization o	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DS IN 12
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	ELIA,ANTHONY L	TE 396	1.2 NAME		1 <b>9-1-17</b> 4-17		☐ Addition
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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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90013 029 \*\*\*150.00

CR2E034 (11/98)