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 # G88983 1. Corporation Name

ANGELO J. G. TIBERY, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90034 019 ***150.00



		`					
Principal Place of Business Mailing Address					1 1801111 8801 10181 10118 10100 1010)# 1111 #1#41 #1#11 #1#11 #1#11 #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1231 S.E. 8TH CT. 1231 S.E. 8TH CT. DEERFIELD BCH. FL 33441 DEERFIELD BCH. FL 33441					DO NOT WRITE	E IN THIS SPACE	
					3. Date Incorporated or Qualifed	E II TIIIO OI AOE	
					03/06/1984		}
2 Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21	26				59-2433718	No	t Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 A Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00 Added to	
23 Zin	Country	28	Country		Trust Fund Contribution		O rees
Zip	25 29 30			eountry 8, This corporation owes the current year Intangible Personal Property Tax.			
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent	
			81	Name			
TIBERY, ANGELO J. G.				Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
1231 S.E. 8TH CT.						<u> </u>	
- DECORRED BOW CL 00444]]
DEERFIELD BCH. FL 33441			84	City		FL 85 Zip (Code
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes		on's board of directors. I hereby accept	DATE	
12,			13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			[] Change	Addition
NAME	TIBERY, ANGELO J.G.		1.2 NAME				ļ
STREET ADDRESS			1.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME		·	2.2 NAME				Ì
STREET ADDRESS				TADDRESS			}
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE		(_) Octob	3.2 NAME				
NAME STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY- S				}
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
			5.1 TITLE			Change	Addition
NAME		· ·	5.2 NAME				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

nne

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition