


NEVER RECEIVED FIRSTONE P. OFFICE CLAIMS WRONG 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

**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.

2a. Mailing Address  
**26 220 West Miami Ave**  
 Suite, Apt. #, etc.

23 City & State  
**Venice FL**

28 City & State  
**Venice FL**

24 Zip  
**34285**

25 Country  
**U.S.A**

29 Zip  
**34285**

30 Country  
**U.S.A**

4. FEI Number  
**65-0884767**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

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*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Gregory E. Silvia	
STREET ADDRESS	624 Granada Ave	
CITY-ST-ZIP	Venice FL 34285	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Diane Silvia	
STREET ADDRESS	624 Granada Ave	
CITY-ST-ZIP	Venice FL 34285	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Gregory Silvia	
STREET ADDRESS	624 Granada Ave	
CITY-ST-ZIP	Venice FL 34285	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Diane F. Silvia	
STREET ADDRESS	624 Granada Ave	
CITY-ST-ZIP	Venice FL 34285	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Gregory E. Silvia DATE: 9-5-99 PHONE: 941 484-5187

0104245

CR2E034 (5/99)