Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90195 011 \*\*\*150.00

## 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 # 216969

1. Corporation Name

TITLE

NAME

STREET ADORESS

FILIPPELLO BROTHE	ino, ino.						
Principal Place of Business		Anilian Address			- I 1881/8 (1884) 1884 B 1816 B 1816 B 1816	1011 OSBER DIOSE OSOSE ASOSE O	1811 BARA 1881
Principal Place of Business Mailing Address P.O. BOX 11002 TAMPA FL 33680			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/06/1958				
Principal Place of Business		. Mailing Address			4. FEI Number	Ap	plied For
21 26					59-0702739	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	Additional
- —	27				5. Certifcate of Status Desired	Fee Re	quired
City & State	28	City & State			6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added to	
Zip [24] [25]	Country 29	Zip 3	Country		This corporation owes the current Personal Property Tax.		□No
	Address of Current Regis		·		10. Name and Address of New Reg	gistered Agent	
, ,			81	Name			
FILIPPELLO, PETER P		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
10019 HAMPTON PLACE						***	
TAMPA FL 33618			83		·		
			84	City	-	85 Zip C	ode
				L		FL  °	
11. Pursuant to the provisions	of Sections 607.0502 and 6	507.1508, Florida Statutes	, the abov	e-namea corpo	oration submits this statement for the pur	ipose of changing its	registered
agent. I am familiar with, a	or both, in the State of Flori and accept the obligations of	ida. Such change was aufl	honzed by	the corporation	n's board of directors. I hereby accept the	he appointment as reg	gistered
agent. I am familiar with, a SIGNATURE	and accept the obligations of	da, Such change was auti f, Section 607.0505, Florid	honzed by la Statutes	the corporations.	n's board of directors. I hereby accept to	ne appointment as reg	gistered
agent. I am familiar with, a SIGNATURE Signature, typed or pri	and accept the obligations of	ida, Such change was aut f, Section 607.0505, Florid if applicable. (NOTE: R	honzed by la Statutes registered Age	the corporation	n's board of directors. I hereby accept to	DATE DATE	Jistered
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SIGNATURE  SIGNATURE  Signature, typed or pri  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  AMPA FL	nted name of registered agent and title OFFICERS AND DIRE PETER PAUL TON PLACE	ida. Such change was auft f, Section 607.0505, Florid if applicable. (NOTE: RECTORS	tegistered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-S	the corporations.  Int signature required	n's board of directors. I hereby accept to	DATE  CERS AND DIRECTO  Change	RS IN 12
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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 one an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

Change

☐ Addition