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 # 500041

SANSONE CORPORATION

						DIRA DIBU DIBU DI	ANI ALANY NEBA	
Principal Place of Business Mailing Address								
500 GOOLSRY RIVD 1930 N.W. 18TH STREET						1		
DEERFIELD BEACH FL 33442		POMPANO BEACH FL 33442			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE		
US		US	US		3. Date Incorporated or Qualifed			
					03/30/1976			
					4. FEI Number	Apr	olied For	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		1	1. · · ·	Applicable	
21		26			59-1662481	\$8.75 A		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required			
22		27			A			
City & State	•	City & State	City & State		g, Election Campaign Campaign			
23		28			Trust I and Contribution			
Zip Country		Zip Country		8. This corporation owes the current year Intangible				
24	25				Personal Property Tax. Yes IND 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Registered Agent		M Name	10. Name and Address of New Registers	<u></u>		
			ľ	11 Name	<u> </u>			
SANSONE, DAVID			1	82 Street Address (P.O. Box Number is Not Acceptable)			· · ·	
1930				900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. <u>Line of the second of the s</u>	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
POM	PANO BEACH FL 33069		{	33				
				34 City	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip C	Code	
			i	1	<u>F</u>	L		
agent. Lar	m ramiliar with, and accept the obig	gauoris of, Coulon sor to ser ,			rporation submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose			
SIGNATORE	Signature, typed or printed name of registered a	gern bite into it appropria	<u> </u>	gent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	OFFICERS /	AND DIRECTORS	13.	- 		☐ Change	☐ Addition	
TITLE	Ρ	☐ DÉLETE	1.1 TITL		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
NAME	SANSONE, DAVID R.		1.2 NAM					
STREET ADDRESS	669/ N GRANDE ON			EET ADDRESS			<u> </u>	
CITY-ST-ZIP	BOCA RATON FL			(-ST-ZIP		☐ Change	Addition	
TITLE	V	☐ DELETE	2.1 TITL	E		ш ; 3	_ :	
NAME	SANSONE, NICHOLAS		. 2.2 NAJ			•		
STREET ADDRESS	4836 NW 94TH AVENUE		2.3 STF	EET ADDRESS			,	
CITY-ST-ZIP			2. 4 CI	Y-ST-ZIP		- Change		
TITLE	V	☐ DELETE	3.1 TITI	E -		- Change	Addition	
NAME	SANSONE, SCOTT		3.2 NA	ME		•	·	
STREET ADDRESS	TARREST TOTAL OF LOC		3.3 STF	REET ADDRESS		51.08 J. 1.18	- 1,5	
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CI	Y-ST-ZIP		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	ST	☐ DELETE	4.1 TIT	LE	्याहार है। अस्ति है से प्रेस	: Change	Addition	
NAME	SANSONE, BONNIE		4. 2 NA	ME			٠	
	JOST ANALOG DONE		4.3 STI	REET ADDRESS				
STREET ADDRESS	CORAL SPGS. FL		4.4 CIT	Y-ST-ZIP	<u> </u>	<u> </u>		
CITY-ST-ZIP	CORAL OF CO. 12	☐ DELETE	5.1 TIT			Change	☐ Addition	
TITLE			5.2 NA	ME				
NAME			5.3 ST	REET ADDRESS		•		
STREET ADDRESS	j			Y-ST-ZIP				
CITY-ST-ZIP		□ DELETE	6.1 TIT			Change	Addition	
TITLE		() () () () ()	6.2 NA	ME				
NAME				REET ADDRESS			.	
CTDEET ADDRESS	si -		0.5 3					

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.

6.4 CITY-ST-ZIP

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90011 013 ***150.00