PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 507069

Suite, Apt. #, etc.

City & State

Zip

22

24

MICHAEL CIMORELLI, INC.			
Principal Place of Business	Mailing Address		
3384 NW 23RD COURT BOCA RATON FL 33431	3384 NW 23RD COURT BOCA RATON FL 33431		
2. Principal Place of Business	2a. Mailing Address		
Suite Apt # etc.	26 Sulte, Apt. #, etc.		

27

28

City & State

Zip

29 9. Name and Address of Current Registered Agent

Country

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90101 018 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

DNo

Not Applicable

07/09/1976 4. FEI Number

59-1679272

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

CIMORELLI, MICHAEL A 3384 NW 23RD COURT BOCA RATON FL 33431						
DUU	M UNION LE 2040 I	83				
•			City	FL 85 Zip Coo		
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florid	iorized by th	named one corpo	corporation submits this statement for the purpose of changing its re- ration's board of directors. I hereby accept the appointment as regis	gistered stered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent s	signature re	quired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12	
TITLE	PD DELETE	1.1 TIMLE		☐ Change	☐ Addition	
NAME	CIMORELLI, MICHAEL A.	1.2 NAME				
STREET ADDRESS	3384 NW 23RD COURT	1.3 STREET ADDR				
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME		2.2 NAME	ĺ	•		
STREET ADDRESS		2,3 STREET A	DDRESS .			
CITY-ST-ZIP		2, 4 CITY-ST-	ZIP	·		
TITLE	☐ DELETE	31 TITLE	\neg	☐ Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET A	DORESS	•		
CITY-ST-ZIP		3.4. CITY-ST-	ZIP			
TITLE	☐ DELETE	4,1 TITLE		☐ Change	☐ Addition	
NAME		4 2 NAME				
STREET ADDRESS		4.3 STREET A	ODRESS	-		
CITY-ST-ZIP		4.4 CITY-ST-	ZIP	·		
TITLE	DELETÉ	5.1 TITLE		☐ Change	☐ Addition	
NAME I		5.2 NAME	Ì			
STREET ADDRESS		5.3 STREET A	ODDRESS	·		
CITY-ST-ZIP		5.4 CITY-ST-	ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	Addition	
NAME.		6.2 NAME				
STREET ADDRESS	1	6.3 STREET A	DDRESS !			
CITY-ST-ZIP		6.4 CITY-ST-	ZIP (
14. 1 hereby c	ertify that the information supplied with this filing does not qualify for the	ne exemptio	n stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the info	ormation	

Country

81 Name

30

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 an attachment with an address, with all other like empowered.

SIGNATURE:

2-26.99