Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90013 021 \*\*\*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 # 522335

CHRISTO	OPHER N. CHIODO, D.P.M.	, P.A.					
Principal Place of Business Mailing Address					- ( INDIA) OTHER STAND STAND STAND STAND AND AND AND AND AND AND AND AND AND	Atati bibil Atati bi	IBH 81811 1881
2515 SW 13TH COURT 2515 SW 13TH COURT							
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426				DO NOT HIGHE IN I		C CDACE	
US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					12/13/1976		
2. Principal Pl	lace of Business	2a. Mailing Address	-		- 4, FEI Number	<u> </u>	olied For
21		26			59-1702349		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	ə, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	1
City & State	<del>0</del> ·	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	CountryZip		Country		8. This corporation owes the current year I		_
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registere	J Agent	
01.110	NO OURIGIADUED M		81	Name			•
CHIODO, CHRISTOPHER M.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
2515 SW 13TH COURT							<u> </u>
BOY	NTON BEACH FL 33435		83				
			84	City		85 Zip C	ode
				} -	F	<b>L</b>   <u> </u>	
office or nagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	tne above orized by a Statutes	e-named corp the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered
OIGHATIONE	Signature, typed or printed name of registered age			nt signature require	d when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	Addition
TITLE	'		1,1 TITLE			☐ Change	
NAME	CHIODO, CHRISTOPHER N.		1.2 NAME				
STREET ADDRESS	2515 S.W. 13TH COURT		1.3 STREE	TADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-S	T-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE	•		Change	Addition
NAME .	CHIODO, LINDA		2.2 NAME	•			
STREET ADDRESS	_2515 SW13TH COURT 🔔	·	2.3 STREE	TADORESS	and the second second second	-	
CITY-ST-ZIP	BOYNTON BCH FL		2. 4 CITY-5	ST-ZIP	<u> </u>		O Addition
TITLE		☐ DELETE	: 3.1 TITLE	-		☐ Change	☐ Addition i
NAME			3.2 NAME			•	
STREET ADDRESS	•		3.3 STREE	TADDRESS			
CITY-ST-ZIP		r=1	3.4. CITY- S	ST-ZIP			[T] Addition
TITLE		☐ DELETE	4,1 TITLE		•	Change	Addition
NAME	•		4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		F1 novere	4.4 CITY-S	T-ZIP		- Chongo	Addition
TITLE		C DELETE	5.1 TITLE		•	Change	
NAME			5.2 NAME			•	.
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		[] pries	5.4 CITY-S	1-ZIP		[ Chongo	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

Christopher N. Chiodo

(561) 732-4249