**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 617975

A MACDILL REALTY CORPORATION

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90062 033 \*\*\*150.00



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Principal Place	of Business	Mailing Address		_	( (EBITE BILE) trati (BEIN IBITE 1000; DITL DIST	1 STATE DIGIT GIR	() <b>(</b>	
4323 BAY TO BAY BLVD. 4323 BAY TO BAY BLVD. TAMPA FL 33629-6606 TAMPA FL 33629-6606					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	<del></del>		
					04/19/1979			
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied For	
21 4327 BAY TO BAY 82VD 28 4327 BAY TO Suite, Apt. #, etc. Suite, Apt. #, etc.				gy Blvl	59-1883126		Not Applicable	
Suite, Apt. #, etc.  22				RIDA	5. Certificate of Status Desired Fee Required			
23 33129 HILLS BORONG 1/28 33629 H				LSBORANG	6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip	Country	Zip	Country	U	8. This corporation owes the current year		£.	
24	25 29 30				Personal Property Tax. Yes VNo			
	9. Name and Address of Current	Registered Agent	-   -	T.,	10. Name and Address of New Registere	a Agent		
	DO DOCEMANIE		81	Name			ĺ	
MAURO, ROSEMARIE				Street Addr	ess (P.O. Box Number is Not Acceptable)	_=		
4323 BAY TO BAY BLVD								
IAM	PA FL 33629		83					
1			84	City		. 85 Zi	p Code	
,				1	oration submits this statement for the purpose			
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	i.	n's board of directors. I hereby accept the app			
	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
12.		DELETE	1.1 TITLE		ADDITIONS OF A TO STATE A	Chang		
	PD Mauro, Rosemarie		1.2 NAME				ĺ	
NAME STREET ADDRESS	2325 FERN PLACE			T ADDRESS				
			1.4 CITY-S					
City-St-zip Title	VTD	☐ DELETE	2.1 TITLE	1-21		Chang	e 🔲 Addition	
NAME	MAURO, SERAFINO T		2.2 NAME		•			
1 1	2325 FERN PL			T ADDRESS			}	
STREET ADDRESS			2. 4 CITY-5					
CITY-ST-ZIP TITLE			3.1 TITLE	51-Zir		Chang	e Addition	
NAME			3.2 NAME				}	
STREET ADDRESS				T ADDRESS			l l	
			3.4. CITY-5				,	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	71-21		Chang	ge Addition	
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STREET ADDRESS			4.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	51 TITLE	1-211		Chang	e Addition	
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CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE			☐ Chang	je Addition	
NAME			6.2 NAME			_ •		
			!	T ADDRESS			ļ	
STREET ADDRESS			6.4 CITY-S		·			
CITY-ST-ZIP			V. 1 OII 1 P.					

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.