## 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 # 633274

MARIO LAMENDOLA, ARCHITECT, P.A.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90144 027 \*\*\*150.00



Principal Place	e of Business	Mailing Ad	Mailing Address											
963 TRAIL TERF	RACE DRIVE		963 TRAIL TERRACE DRIVE											
#E Naples FL 339	40	#E	#E Naples FL 33940					DO NOT WRITE IN THIS SPACE						
NAPLES LE 333	<del></del>	US	"* - · · · ·				3. C	3. Date Incorporated or Qualifed						
								8/14/197						
2. Principal Pl	ace of Business	2a. Mailing	Address					El Number				At	oplied For	1
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Zip	Country	Zip		Cou	intry		8. T	his corpora	tion owes the	e current y	ear Intan	gible	_	
24	25	29	[:	30				ersonal Pro				☐ Yes	□No	
	9. Name and Address of Currer	nt Registered A	gent		L.,		10.	lame and A	ddress of I	New Regis	tered Ac	<u>jent</u>		4
	THE CO. L. MARIO				81	Name								1
	ENDOLA, MARIO				82	Street Ac	ddress (P.C	). Box Num	per is Not A	cceptable)				7
	TAMIAMI TRAIL N #504					01100111								_
NAPI	LES FL 33940	•			83									
	•				84	City						85 Zip	Code	-
						-					FL	`		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was au	ithorized	ועסנ	tne coroora	orporation s ration's boa	submits this rd of directo	statement for rs. I hereby	or the purpo accept the	ose of ch appoint	anging its nent as re	registered egistered	
SIGNATURE							-							\ _
	Signature, typed or printed name of registered age				Agen	t signature req	quired when rein		HANGES T		ATE DS AND	DIRECTO	ORS IN 12	(11/98)
12.	PT OFFICERS AF	ND DIRECTORS	☐ DELETE	13.	TI E		- AI	DITIONS/C	///ANOLO /	0 011102		Change		┧⋛
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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, pron an attachment with an address, with all other like empowered.

SIGNATURE: