

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90035 014 \*\*\*150.00

DOCUMENT # 641308 ✓  
i. Corporation Name  
I.L. GARDINO CORP.

Principal Place of Business Mailing Address  
17 WESTWARD MIAMI SPRINGS FL 33166-5755  
17 WESTWARD DRIVE MIAMI SPRINGS, FL 33166-5755

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
26 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
27 City & State	27 City & State
28 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified	9/27/79
4. FEI Number	59-1938916
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
BARON B B BARINAS  
5701 NW 36th ST  
VIRGINIA GARDENS FL 33166

10. Name and Address of New Registered Agent  
81 NAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ANNE	1.2 NAME	
REET ADDRESS	17 WESTWARD DRIVE	1.3 STREET ADDRESS	
TY-ST-ZIP	MIAMI SPRINGS FL 33166-5755	1.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.S.	2.2 NAME	
REET ADDRESS	MURPHY, JAMES J.	2.3 STREET ADDRESS	
TY-ST-ZIP	380 FALCON AVE	2.4 CITY-ST-ZIP	
	MIAMI SPRINGS, FL 33166-5755		
FILE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James J. Murphy* JAMES J. MURPHY Date: 4/28/99 (305) 885-3435  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)