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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 838307

·· Ociporation	11401110								
ANGELO	BROTHERS, CO.						F 1881 EN 1818 R KITAL BRIBS (KITA BRIKL 1881 BIS) BISH 8871.	eleli elj	
Principal Place	e of Business	Mailing Address					i ideidi idina iriai idina sirti aditi idan aran	BIRLI ALS	III AIBII GIGIL INDI
12401 MCNULTY RD. PHILADELPHIA PA 19154		12401 MCNULTY RD. Philadelphia pa 19154		DO NOT WRITE IN THIS SPACE					
						3	Date Incorporated or Qualifed	TOL	
						•	04/28/1977		
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number	77	Applied For
21	,	26			23-1530814 Not A			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired		5 Additional
22		27					Certificate of Grands Desired	Fee	Required
City & Stat	e	City & State				6.	Election Campaign Financing Trust Fund Contribution		May Be ed to Fees
Zip	Country	Zip	Count	try		8.	This corporation owes the current year Intan-		_
24	25	29 30				1 elsoliai i lopeity tux.	Yes	□No _	
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Registered Ag	jent	
			8	31	Name BEC	CK,	GLENN		
FLETCHER, TODD			1	82 Street Address (P.O. Box Number is Not Acceptable)				-	
2000 LEWIS INDUSTRIAL DR.			-	SAME SAME					
	EAH, FL		ľ	83					
JACI	KSONVILLE FL 32205		1	84	City		FL	85 Z	ip Code
						0		onging	ita ragiatarad
						ratio n's bo	n submits this statement for the purpose of cho oard of directors. I hereby accept the appointr	nent as	registered
agent. I a	m familiar with, and ascept the obliga	tions of, Section 607.0505, Florid	a Statut	es.			المدل	n Q	
SIGNATURE	Signatury, typed or printed name of registrated ager	y and title if applicable (NOTE: Pr	anistared A	nen!	signature required	when	reinstating) OATE	71	
12.		D DIRECTORS	13.	gom	- Signato		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E				Chan	ge
NAME	ANGELO, STANLEY JR.		1.2 NAM	ΙE					
STREET ADDRESS	12401 MCNULTY RD.		1.3 STR	EÉT	ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA	PA		1.4 CITY-ST-ZIP					_
TITLE	VD	☐ DELETE 2.1		2.1 TITLE				Chan	ge 🔲 Addition
NAME	ANGELO, JOHN			2.2 NAME					
STREET ADDRESS	12401 MCNULTY RD.		2.3 STREET ADDRESS						
CITY+ST+ZIP	PHILADELPHIA PA	A		2.4 CITY-ST-ZIP				706-	مرحمون سید
TITLE	VD DELETE		3.1 TITLE			į	Chan	ge	
NAME	ANGELO, RAYMON D.		3.2 NAME						
STREET ADDRESS	12.00		3.3 STREET ADDRESS						
CITY-ST-ZIP	ZIP PHILADELPHIA PA		3.4. CITY-ST-ZIP		T-ZIP			Chan	ge \ \ Addition
TITLE		☐ nere ie	4.1 TTL		Ì		·		2v [[] Notingle
NAME		,	4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1		4.4 CITY	r-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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Daytime Phone #

☐ Change

☐ Addition

Addition