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

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90049 046 ***150.00

DOCUMENT	#	F5	54	49
4 Composition Name			•	. •

C. & S. ALITO, ELECTRIC DIAGNOSTIC CENTER, INC.

Principal Place		Mailing Address 1900 N W 29TH STREET OAKLAND, PARK, FLORIG		_		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/20/1981
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21[26				59-2133230 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be
City & Stat	e	<u>⊢</u> ¬ '				Trust Fund Contribution Added to Fees
7in	Country	28 Zip	Cor	intry		This corporation owes the current year Intangible
Zip	[25]	29	30			Personal Property Tax.
24	9. Name and Address of Currer		1301	$\overline{}$		10. Name and Address of New Registered Agent
	T. Harris and Addition of Buildi			81	Name	
ZAP	antis, george					(0.0.0.1)
	N. W. 29TH STREET			82	Street Ac	Address (P.O. Box Number is Not Acceptable)
OAK	LAND PARK FL 33311			83		
				84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stat	d by i	the corpora	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered accept the appointment as registered particles when reinstating.
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 (TLE		☐ Change ☐ Addition
NAME	ZAPANTIS, GEORGE		1.2 N	AME.		
STREET ADDRESS	1900 NW 29TH STREET		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL 00000		14C	ITY-ST	r-ZIP	
TITLE		☐ DELETE	2.1 7	TLE		☐ Change ☐ Addition
NAME			2.2 N	AME	-	
STREET ADDRESS			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 T.			Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP_	
TITLE		DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.2	IAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 0	ITY-ST	r-ziP	
TITLE		DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME			5.2 N	AME	[
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			54 C	ITY-SI	T-ZIP	
TITLE		☐ DELETE	6.1 T	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME	1	
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY OF 7ID	Í		6.4 C	ITY-SI	r-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.

SIGNATURE:

954-484-6262 Daytune Phone #