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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F7

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90147 019 ***150.00

DIANA J	W. NAPOLI, H.P.I., P.A.							
Principal Plac	ce of Business	Mailing Address	_		_	- I INDIAND CHA TANNA RANGO CHANA DILA DILA DILA DEL	IS MENIE AINEI AIRII	Athi gian issi
10758 NASHVII		10758 NASHVILLE DR						
C/O DOMINICK J. NAPOLI. JR. C/O DOMINICK J. NAPOLI.			ı, JR.	R.				
	FL 33026-4900		OOPER CITY FL 33026-4900			DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
	<u></u>					04/21/1982		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		pplied For
21		26		59-2188265	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27						equired
City & Sta	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year		
24	. 25	29	30	.,		Personal Property Tax.	X Yes	□No
	9. Name and Address of Cur	rent Registered Agent	_	1	_	10. Name and Address of New Registere	d Agent	
				81	Name			
	POLI, DOMINICK J., JR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	58 NASHVILLE DR			"	Juest Addie	iss (1.0. box (tumber to viot viceoptable)		
CO(OPER CITY FL 33026			83	_			
	•			\sqcup				
				84	City	F	85 Zip	Code
44 5	to the manifelant of Continue CO7.6	DED2 and 607 1509 Florida State	toe the	abova	named come	vertion submits this statement for the nurnose	of changing it	s registered
office or	registered agent, or both, in the Sta	ate of Florida. Such change was	authorize	ed by th	ne corporation	n's board of directors. I hereby accept the ap	pointment as r	egistered
agent. I a	am familiar with, and accept the obl	ligations of, Section 607.0505, FI	orida Sta	tutes.				
SIGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable. (NOT			signature required			000 0140
12.	T	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 7	TITLE			Change	Addition
NAME	NAPOLI, DIANA J W	•	1.2 N	MAME				
STREET ADDRESS	10758 NASHVILLE DR		1.3 5	STREET A	LODRESS			
CITY-ST-ZIP	COOPER CITY FL		1.4 0	CITY-ST-	ZIP			
TITLE		☐ DELETE	2.1 T	TITLE			☐ Change	☐ Addition
NAME			2.2 N	NAME				
STREET ADDRESS			235	TREET A	UDDRESS			
			1	CITY-ST-	1			
CITY-ST-ZIP		□ DELETE		ITILE	-ZIF			
TITLE							Change	Addition
NAME	1						Change	☐ Addition
STREET ADDRESS	•			NAME			Change	☐ Addition
CITY-ST-ZIP	s		3.3 8	NAME STREET A	ADORESS		☐ Change	☐ Addition
TITLE	5		3.3 S 3.4.	NAME STREET A C/TY-ST-	ì			
	3	☐ DELETE	3.3 S 3.4.	NAME STREET A	ì		☐ Change	
NAME		☐ DELETE	3.3.5 3.4.1 4.1.7	NAME STREET A C/TY-ST-	ì			
NAME STREET ADDRESS	i	☐ DELETE	3.3.5 3.4.6 4.1.7 4.21	NAME STREET A CITY-ST- TITLE NAME	ì			
	i	_	3.3.5 3.4.4 4.1.7 4.2.1 4.3.5	NAME STREET A CITY-ST- TITLE NAME	-ZIP ADORESS		☐ Change	Addition
STREET ADDRESS	i	☐ DELETE	3.3.5 3.4.4 4.1.7 4.2.1 4.3.5 4.4.0	NAME STREET A CITY-ST- ITTLE NAME STREET A	-ZIP ADORESS			Addition
STREET ADDRESS	i	_	3.3.5 3.4.4 4.1.7 4.2.1 4.3.5 4.4.0	NAME GITY-ST- IIILE NAME GITY-ST- CITY-ST-	-ZIP ADORESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	3.3.5 3.4.4 4.17 4.21 4.3.5 4.4.0 5.11 5.2 N	NAME GTREET A CATY-ST- TITLE NAME GTREET A CATY-ST- TITLE NAME	-ZIP ADORESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	3.3 S 3.4.4 4.17 4.21 4.3 S 4.4 C 5.11 5.2 N 5.3 S	NAME GTREET A CATY-ST- TITLE NAME GTREET A CATY-ST- TITLE NAME	ADDRESS ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	33.8 34.4 4.17 4.21 4.38 4.40 5.11 5.2N 5.38	NAME GTREET A CITY-ST- TITLE NAME GTREET A CITY-ST- TITLE NAME	ADDRESS ZIP		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	33.8 34.4 4.17 4.22 4.3.9 4.40 5.11 5.2.N 5.3.9 5.4.0 6.11	NAME STREET A COTY-ST- OTTLE	ADDRESS ZIP		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3.8 3.4.17 4.21 4.3.8 4.4.0 5.11 5.2.N 5.3.8 5.4.0 6.11 6.2.N	NAME CITY-ST- ITTLE NAME CITY-ST- ITTLE VAME CITY-ST- ITTLE VAME CITY-ST- ITTLE VAME	ADDRESS ZIP		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3.8 3.4.17 4.22 4.3.8 4.4.0 5.11 5.2.N 5.3.8 5.4.0 6.11 6.2.N 6.3.8	NAME CITY-ST- ITTLE NAME CITY-ST- ITTLE VAME CITY-ST- ITTLE VAME CITY-ST- ITTLE VAME	ADDRESS ZIP ADDRESS ZIP ADDRESS		☐ Change	Addition Addition

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.

DIANA JW NAPOLI RPT PRESIDENT

SIGNATURE: \(\)