**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90146 042 \*\*\*150.00

## 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 #	F9400001065
	. • . • • • • •

1. Corporation CESAR P	PELLI & ASSOCIATES, INC				
Principal Place	e of Business	Mailing Address			
1056 CHAPEL STREET NEW HAVEN CT 06510  1056 CHAPEL STREET NEW HAVEN CT 06510			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	ì
				03/03/1994	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
_1		26		06-1228461	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing	\$5,00 May Be
City & Stat	e	City & State		Trust Fund Contribution	Added to Fees
23		Zip	Country	8. This corporation owes the current year	Intangible
Zip	Country	29 3		Personal Property Tax.	∐ Yes ZNo
24	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
<u> </u>	9. Name and Address of Curre	The state of the s	81 Name		
СТ	CORPORATION SYSTEM		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1200	SOUTH PINE ISLAND ROAD		Si di da ma		
PLA	NTATION FL 33324		83		
			84 City		85 Zip Code
			1 1 1	rporation submits this statement for the purposition's board of directors. I hereby accept the ap	-L   13   23 3333
agent. I a	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: 6	Registered Agent signature requ	rporation submits this statement for the purposition's board of directors. I hereby accept the application when reinstating)  ADDITIONS/CHANGES TO OFFICERS	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO CIT TO CIT	☐ Change ☐ Addition
TITLE	PD	☐ DELETE	1.1 TITLE		
NAME.	PELLI, CESAR		1.3 STREET ADDRESS		
STREET ADDRESS			1.4 CITY-ST-ZIP		· ·
CITY-ST-ZIP	NEW HAVEN CT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	STD		2.2 NAME		
NAME	CLARKE III, FRED W. s 140 DAVIS STREET		2.3 STREET ADDRESS		•
STREET ADDRESS	HAMDEN CT		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP	D	☐ D€LETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PELLI, RAFAEL		3.2 NAME		
STREET ADDRES	AL DESCRIPTION OF PARTY		3.3 STREET ADDRESS		
CITY-ST-ZIP	STONY CREEK CT		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		<u></u>
NAME			4. 2 NAME		
STREET ADDRES	ss		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.1 IIILE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRES	SS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		<u></u>	6.2 NAME		
NAME expect appoint	00		6.3 STREET ADDRESS		•
STREET ADDRES	55		6.4 CITY-ST-ZIP	in Section 119 07(3)(i) Florida Statutes, I furthe	
CITY-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 a stackwent with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR