### 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 # F95000002786

### ALOSI CONSTRUCTION CORPORATION

# **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90018 022 \*\*\*150.00



Principal Place of Business Mailing Address					T 1884/88 (FIR IRIDI RITH BRITL BRITL BREIL BREIL BRITL BRITL BRITL IARRY 16518 BLIF IRDI	
365 NE 5TH ST		365 NE 5TH ST				
BOCA RATON F		BOCA RATON FL 33432				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/09/1995
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21 26						11-3133367   Not Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired
27						
City & State	City & State	/ & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23 28 70			Country			
Zip			7	,		8, This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 💆 No
24	9. Name and Address of Curre		<u> </u>			10. Name and Address of New Registered Agent
<del></del>	9. Name and Address of Cure	in Registered Agent	81	1 N	lame	To. France and Assessment St.
ISOLA, CARLO						200
365 NE 5TH ST			82	2 S	treet Addres	ss (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432			83	3		
			"			
			84	4 C	City	85 Zip Code
44 Pureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes.	the abov	ve-na	amed corpor	ration submits this statement for the purpose of changing its registered
office or re	existered agent or both in the State	e of Florida. Such change was autt	norized by	v the	corporation	's board of directors. I hereby accept the appointment as registered
agent. Lar	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	a Statute	s.		
SIGNATURE	Signature, typed or printed name of registered ag	ANOTE: Po	enistered Am	ent sku	nature required v	when reinstating) DATE
12.		ND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPST	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ISOLA, CARLO		1.2 NAME	2		
STREET ADDRESS	365 NE 5TH ST		1.3 STREE		DRESS	
	BOCA RATON FL 33432		1.4 CITY-S			
CITY-ST-ZIP TITLE	BOOK TOTTE GOVE	☐ DELETE	2.1 TITLE		<del>'</del>	☐ Change ☐ Addition
NAME			2.2 NAME		ł	
			2.3 STREI		ngess	
STREET ADDRESS			2.4 CITY-			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		i i	☐ Change ☐ Addition
1			3.2 NAME		}	
NAME			3.3 STRE		DBESS	
STREET ADDRESS			1		l l	
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE		ir	☐ Change ☐ Addition
TITLE		in out to	4. 2 NAME		i	<u> </u>
NAME			4.2 NAME		DDE65	
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S		<del>-</del>	☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME			
NAME			5.3 STRE		DDESS	,
STREET ADDRESS			4			
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE		<u> </u>	☐ Change ☐ Addition
TITLE			l			Et onenge
NAME			6.2 NAME		DDE-00	
STREET ADDRESS			6.3 STRE	EI AOI	DRESS	:

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 eport 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 epiporation 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 of larged to on an attachment with an address, with all other like empowered. CITY-ST-ZIP

**SIGNATURE**