## 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 # F9700000347

Country

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

DEANGELO BROTHERS, INC.

Mailing Address Principal Place of Business 100 N. CONAHAN DRIVE 100 N. CONAHAN DRIVE HAZLETON PA 18201 HAZLETON PA 18201

26

27

28

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90004 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

01/22/1997

23-2332783

4, FEI Number

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist officior or registric agent, or h. n. in the State of Florida. Such "ge was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am fermilie with the obligations of, Ser-un 607.0505, Florida Statutes.    SIGNATURE				
PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  83				
PLANTATION FL 33324  82   Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  84   City   FL   85   Zip Cod  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registric agent. I am familiar with the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DEANGELO, PAUL D  12. NAME  DEANGELO, PAUL D  13. STREET ADDRESS  14. CITY-ST-ZIP  DEANGELO, NEAL A  32 STREET ADDRESS  ACITY-ST-ZIP  DEANGELO, NEAL A  32 STREET ADDRESS  ACITY-ST-ZIP  DELETE  31 TITLE  32 STREET ADDRESS  ACITY-ST-ZIP  DELETE  33 STREET ADDRESS  ACITY-ST-ZIP  DELETE  34 CITY-ST-ZIP  DELETE  35 TITLE  32 STREET ADDRESS  ACITY-ST-ZIP  DELETE  31 TITLE  32 STREET ADDRESS  ACITY-ST-ZIP  AMME  STREET ADDRESS  ACITY-ST-ZIP  DELETE  34 CITY-ST-ZIP  AMME  35 STREET ADDRESS  ACITY-ST-ZIP  DELETE  31 TITLE  32 STREET ADDRESS  ACITY-ST-ZIP  AMME  34 STREET ADDRESS  ACITY-ST-ZIP  DELETE  41 TITLE  42 AMME  43 STREET ADDRESS  STREET ADDR				
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Signatir   ped or pri   d name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	ed			
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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 an	lation an			

Country

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

(570) 459-5800