## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF:TMENT OF STATE

## Katheri 1e Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90179 028 \*\*\*150.00

Principal Place of Business		Mailing Address			1100		61 MED15 GIBII DIG11 MED1	, WIELL GLOTH 1891	
% RICHARD E. CAVALIERI 3212 PLEASANT_LAKE DR.		% RICHARD E. CAVALIERI 							
TAMPA FL 33618-1017		TAMPA FL 33618-1017		, and .	DO NOT WRITE IN THIS SPACE				
	•				3. Date Inco 12/27/	orporated or Qualifed			
2. Principal 2	lace of Business	2a. Mailing Address			4. FEI Nur	A	pplied For	1	
21		26			59-281	5003	N	lot / pplicable	]
Suite, Ap . #, etc.		Suite, Apt. #, etc.				e of Status Desired	T	Ad-litional Reguired	
City & State		City & State		6. Election Campaign Financing			\$5.00 May Be		
23		28			Trust Ft nd Contribution		-	Added to Fees	
Zip Count y		Zip Country		8. This corporation owes the current year Ir tang		ear Ir tangible		1	
24	[25]	29	30		Personal Property Tax.		ŬYes	ElNo	_
	9. Name and Addr-sss of Current				10. Name a	nd Address of New Regis	sterec Agent		]
			81	Name					
Cavalieri, Richard E. 3212 Pleasant Lake Dr.			82	Street Add	ress (P.O. Box	lumber is Not Acceptable)			1
TAM	PA FL 33618		83						1
									4
			84	City			FI_ 85 Zip	Code	
office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligation	f Florida. Such change was au	thonzed by	the corporal	poration submits ion's board of dir	this statement for the purp ectors, I hereby accept the	ose of changing it	s registered egistered	
SIGNATURE									1
31314415141	Signature, typed or printed narr e of registered egent			t signature requi	ed when reinstating)		ATE		√ á
12.	OFFICERS AND		13.		ADDITION	IS/CHANGES TO OFFICE	RS AND DIRECT		11/98
TITLE	P	☐ DELETE	1.1 TITLE				Change		
NAME	CAVALIERI, LINCOLN E.		1 2 NAME						E034
STREET ADORESS	3212 PLEASANT LAKE DR.		13 STREE						NOE
CITY-ST-ZIP	TAMPA FL	☐ DELETE	1.4 CITY-S 2.1 TITLE		<u></u>			Addition	
TITLE	VST		•		V		L <b>y</b> change		
NAME	CAVALIERI, RICHARD E.		2.2 NAME	r ADDOESS					
STREET ADDRESS	3212 PLEASANT LAKE DR.		2.3 STREE						
CITY-ST-ZIP	TAMPA FL	DELETE	2. 4 CITY-5		VST		<b>∑</b> Change	Addition	.1
TITLE	<b>7</b>		3.2 NAME		· J1		<u></u>	_	
NAME OTTOETT ADDDES D	CAVALIERI, MARGARET A. 3212 PLEASANT LAKE DR.			T ADDRESS					
STREET ADDRESS	TAMPA FL		3.4. CITY- S						
CITY-ST-ZIP	V	☐ DELETE	4.1 TITLE	,, 411			Change	Addition	1
NAME	CAVALIERI, ROBERT L.		4 2 NAME			<del></del>	•		
STREET ADDRESS	44 14 BI ELGIANE I AVE DO			TADDRESS					
CITY-ST-ZIP	TAMPA FL		4.4 CITY-S						
TITLE	V	☐ DELETE	51 TITLE	-		<del></del>	☐ Change	Addition	, T
NAME	CAVALIERI, LINCOLN J.		5.2 NAME						
STREET ADDRESS	3212 PLEASANT LAKE DR.		53 STREE	TADDRESS					
CITY-ST-ZIP	TAMPA FL		54 CITY-S	T- ZIP					
TITLE	V	☐ DELETE	6.1 TITLE			·	☐ Change	Addition	,]
NAME	POWRIE, CAROL A CAVALI		6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY-ST-ZIP	TAMPA FL		6.4 CITY-S	T-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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

4/23/99 913 - 240 - 0435 Daytime Phone #