Applied For

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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	H09564
1. Corporation Name		1 10000 1

A. P. DESALVO, INC.

1	Principal Place of Business
	3960 VIA DEL REY BONITA SPRINGS FL 33923
	US

2. Principal Place of Business

Mailing Address

3960 VIA DEL REY BONITA SPRINGS FL 339:33

2a. Mailing Address

US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/19/1984

4. FEI Number

Suite, Ap. #, etc.   2   Suite, Ap. #, etc.   2   27     5   Certificite of Status Desired   \$8.75 Additional   \$8.75 Additio	21		26				59-24	<u> 17086                                      </u>			Applicable
City & State   City & City & State   City & Cit	<del></del>	#, etc.	Suite, Apt. #, etc.				5. Certifo	ite of Status Desired			
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Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zi	City & State	е	City & State				i i				
28	23		<del></del>								rees
1.0   Name and Address of Current Registered Agent	Zip	Courtry	Zip		ntry			•	ent year		
DESALVO, A. P.   3360 VIA DEL REY   P.O. BOX 2293 (33959)   83   Street Ac dress (P.O. Bo> Number is Not Acceptable)	24			30							TNO
DESALVO, A. P.   3860 VM DEL REY   P.O. BOX 2293 (33959)   BONITA SPRINGS FL 33923		9. Name and Address of Curre	nt Registered Agent		04	Nome -	10. Name	and Address of New I	egistere	a Agent	
3960 VIA DEL REY P. D. BOX 2283 (33959) BOINTA SPRINGS FL 33923  11. Pursuant to the provisions of St ctions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purposes. Victorise of the obligations of St St Ctions 607.0502, Florida Statules, the above-named corporation submits this statement for the purposes. Victorisment as registered agent, or both, in the State of Florida. Such change was .uuthor/zed by the corporation submits this statement for the purpose. Victorisment as registered agent, and an accept the obligations of, Section 607.0503, Florida Statules.  12.	DEC	ALVO A B			0'	Name					
BONTTA SPRINGS FL 33923   83   84   City	3960 VIA DEL REY				82	Street Acd	ress (P.O. Box	Number is Not Accepta	ble)		
BONITA SPRINGS FL 33923  84 City FL 85 Zip C 3de  11. Pursuant to the provisions of Scritions 607.0502 and 607.1509. Florida Statutes, the above-named ocrporation submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was nuthorized by the corporation's board of cirector's. I hereby accept the applicitment as registered agent, or both, in the State of Florida. Such change was nuthorized by the corporation's board of cirector's. I hereby accept the applicitment as registered agent agent accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS ANI DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  12. OFFICERS ANI DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  12. OFFICERS ANI DIRECTOR'S IN 12  12. OFFICERS ANI DIRECTOR'S  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  12. OFFICERS ANI DIRECTOR'S IN 12  12. OFFICERS ANI DIRECTOR'S IN 12  12. OFFICERS ANI DIRECTOR'S IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  13. SIRECT ADDRESS  14. CITY-ST-ZP  14. CITY-ST-ZP  15. MYERS FL  16. Change Addition  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  19. ADDITION											
11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named composition submit is this statement for the purpose of changing list adjistered office or registered agent, or both, in the State of Florida. Such change was authorized by the composition's board of cirectors. I hereby accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  11. TITLE  DP					83						l
The provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or both, in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or both, in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or both in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or both in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or both in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or both in the State of Florida. Such change was nuthrorized by the corporation's board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of cirectors. I hereby accept the approintment as registered agent, or board of	BUN	IHA OPHINGS PL 30923			84	Citv		<u> </u>		. 85 Zip C	ode
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	office crin	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Stat	utes.	are corporat	ion a board or c	nectors: Thereby descri	7,o opp		
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14. Hereb / 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 indicate d 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 recuired 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.

SIGNATURE:

IGNATI RE AND TYPED OR I RINTED NAME OF SIGNING OFFICE OR DIRECTOR

the C. De Salvo

13/99 941-947-07 Daylime Phone # CR2F034 (11/98)