


FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90001 016 ***150.00
 09-22-1999 90012 035 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H64226 ✓ 1. Corporation Name D'ALESSANDRO AND SONS, INC.			
Principal Place of Business 4300 MILLER AVE WEST PALM BEACH FL 33405		Mailing Address 4300 MILLER AVE WEST PALM BEACH FL 33405	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1985			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
4. FEI Number 59-2572244		Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent D'ALESSANDRO, THOMAS C. 4300 MILLER AVE WEST PALM BEACH FL 33405		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME PST 1.3 STREET ADDRESS D'ALESSANDRO, THOMAS C. 1.4 CITY-ST-ZIP 4300 MILLER AVE WEST PALM BEACH FL 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME D 2.3 STREET ADDRESS D'ALESSANDRO, THOMAS C. 2.4 CITY-ST-ZIP 4300 MILLER AVE WEST PALM BEACH FL 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME V XXXXXXXXXX 3.3 STREET ADDRESS D'ALESSANDRO, T.C., JR. 3.4 CITY-ST-ZIP 4300 MILLER AVE WEST PALM BEACH FL 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Vice-President 1.3 STREET ADDRESS Mark A. D'Alessandro 1.4 CITY-ST-ZIP 4300 Miller Avenue West Palm Beach, FL 33405 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Vice-President 2.3 STREET ADDRESS Timothy R. D'Alessandro 2.4 CITY-ST-ZIP 4300 Miller Avenue West Palm Beach, FL 33405 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 807, 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: Thomas C. D'Alessandro 7-9-99 561-872-6039
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)