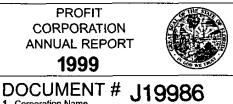
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90025 017 ***150.00

PRESIDENTIAL GROUP SOUTH, INC.					
				1 100/110 4101 110/0 12/14 14/14 14/14 14/14 14/14	
Principal Place	e of Business A	failing Address			
135 W PINEVIE	·· • ·	85 W PINEVIEW ST			
STE. #197 STE. #197 ALTAMONTE SPRGS FL 32714 ALTAMONTE SPRGS FL 32714 ALTAMONTE SPRGS FL 32714			1	DO NOT WRITE IN THE	S SPACE
US US			<u>.</u>	3. Date Incorporated or Qualifed	
				06/17/1986	}
2. Principal Pl	lace of Business 2a	. Mailing Address		4. FEI Number	Applied For
21 135 1	N. PINEUJEW ST 26	135 W.P	ineview ST	59-2733791	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		7.F L-110		Fee Required
City & State		City & State	Sorinas FL	6. Election Campaign Financing	\$5.00 May Be
23 ALta	1		Springs FL Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 32714 30	i.	This corporation owes the current year I Personal Property Tax.	ntangible Maryes □No
24 3271	9. Name and Address of Current Regi		<u> </u>	10. Name and Address of New Registered	
	3. Name and Address of Content Negr	ataina Affairt	81 Name		
GUADAGNINO, ANTHONY				(D.O. D., Ali, and a land Advantable)	
135 W PINEVIEW ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
<u>\$TE13</u> 7			83	00 1 111001000	
ALTAMONTE SPRGS FL 32714					
	•		84 City Lta	monte Sorings F	85 Zip Code 32기내
11. Pursuant	to the provisions of Sections 607.0502 and	607.1508, Florida Statutes,	the above named corne	viction submits this statement for the purpose of	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.					
Ū		,			
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Re	egistered Agent signature required		
12. ·	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUADAGNINO, ANTHONY		1.2 NAME		
STREET ADDRESS	402 TWISTING PINE CIR.	·	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	□ DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	DS NAME AND ADDRESS OF THE PROPERTY OF THE PRO	□ DELETE			
NAME	GUADAGNINO, NANCY		2.2 NAME		
STREET ADDRESS	402 TWISTING PINE CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	Change
TITLE		- OCTOR	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
_			6.4 CITY CT. 7/0		[

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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: