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

Mailing Address

PO BOX 620637

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J30895

Principal Place of Business

996 EYRIE DR

ROBERT A. DELORENZO BUILDERS, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90214 001 ***150.00



ste 2 Oviedo fl 32	766	OVIEDO FL 32762-0637 US	DO NOT WRITE IN THIS SPACE					
US					3. Date Incorporated or Qualifed			
					08/28/1986			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
_	W. Mitchell Hammock Re	,			59-2740794	<u> </u>	lot Applicable	
Suite, Apt		Suite, Apt. #, etc.					Additional	
. 8		27			5. Certifcate of Status Desired	•	Required	
City & Sta	ite ,	City & State			6. Election Campaign Financing	\$5.00	May Be	
4 OV1		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intar	<u>~</u>	_	
-3276		29 30	<u>)</u>			_] Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	<u>jent</u>		
MAN	ONE I MICHAEL		81	Name]	
MALONE, J. MICHAEL				82 Street Address (P.O. Box Number is Not Acceptable)				
517 WEST COLONIAL DRIVE				<u> </u>				
UHL	ANDO FL 32804	•	[83	1			.	
			84	City		85 Zip	Code	
			}	,	FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purpose of ch	anging it	s registered	
agent, I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ns of, Section 607.0505, Florida	e Statutes	the corpora 3.	ation's board of directors. I hereby accept the appoint	Heilf 92 I	egistered	
SIGNATURE							1	
	Signature, typed or printed name of registered agent	and title if applicable (NOTE, Re-	gistered Age	nt signature req	uired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND			
IITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
_	DELORENZO, ROBERT A.	ļ	1.2 NAME	[.	11 (Park - 216 C.)			
······ AUDRESS	863-ROYALWOOD LANE-		1.3 STREE	T ADDRESS	1486 Cree 8 100 CI.	1.0	1	
···-ST-ZIP	OVIEDO FL 32765		1.4 CITY-5	T-ZIP	1486 Creek 5104 Cit Winker Springs Pl 327 Stange Delorenza 139 E. H. Merest Ave	08		
	S	DELETE	2.1 TITLE	- 1;	5,, 5,	Change	Addition	
-	DELORENZO, TONI A.		2.2 NAME		Thomas My Coren By			
: AUDINESS	863 ROYALWOOD LANE		2.3 STREE	TADDRESS	139 E. H. Meles 2170			
ST ZIP	OVIEDO FL 32765		2. 4 CITY-	ST-ZIP	New Casta, PA /2/35			
	D	☐ DELETE	3.1 TITLE		$\mathcal{D}_{\mathbf{L}}$	Change	☐ Addition	
	DELORENZO, ADELE M.		32 NAME	\ <i>f</i>	Idele M Burke			
···· : AUDNESS	1008 N HAMPTON AVE		3.3 STREE	TADDRESS :	502 Pointe Hillian WAY			
ST ZIP	ORLANDO FL		3.4. CITY-5	1	Orlando CLA 32825			
		☐ DELETE	4.1 TITLE			Change	☐ Addition	
=		ľ	4. 2 NAME		•			
(ADURESS			4.3 STREE	TADDRESS			ļ	
. ST ZIP			4.4 CITY-S	T-ZIP				
		☐ DELETE	5.1 TITLE			Change	Addition	
_	1		52 NAME	.				
I ALIUNESS			5.3 STREE	TADDRESS			{	
ST ZIP	}		5.4 CITY- S	T-ZIP				
		☐ DELETE	6.1 TITLE			Change	☐ Addition	
_			6.2 NAME					
: ADDRESS			6.3 STREE	TADDRESS			j	
CT 710			6.4 CITY- S	T-ZIP				

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

:CHATURE:

107-366-0360