FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90003 025 ***550.00

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT #

ET ADDRESS ST-ZIP J51123

JAMES T. IANNACCONE, P.A.

ncipal Place	of Business	Mailing Address				,	
0 EAST BROWARD BLVD.		800 EAST BROW	ARD BLVD) .			
IITE 510		SUITE 510				DO NOT WRITE IN THIS SPACE	
. LAUDERDALÉ FL 33301		FT. LAUDERDALE	FL 33301	1		3. Date Incorporated or Qualified	
						01/09/1987	
Principal Pla	ace of Business	2a Mailing Addre	2a. Mailing Address			4. FEI Number Applied For	
порит	ico di Babilloso	26	<u> </u>			65-0000283 Not Applicable	
Suite, Apt. #	etc.		Suite, Apt. #, etc.			\$8.75 Additional	
The second secon		27	27			5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Count	у	8. This corporation owes the current year	
	25	29	3	30		Intangible Personal Property. Yes X No	
	9. Name and Address of Cu	rrent Registered Agent			,	10. Name and Address of New Registered Agent	
01.0	NEW AUDIOTADUED A FO	0		8	Name		
CLONEY, CHRISTOPHER C., ESQ.				8	2 Street	Street Address (P.O. Box Number is Not Acceptable)	
	SE 7TH ST.			<u> </u>			
2ND FLOOR				8	3		
۲۱.	LAUDERDALE FL 33301			8	4 City	85 Zip Code	
],	FL	
NATURE _	Signature, typed or printed name of registered	*******	(NOTI		Agent signatu	ure required when reinstating) DATE DEFINITION OF THE PROPERTY AND PROPERTY IN 12	
		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	D DELETE		ETE	1.1 TITLE		Change Addition	
:	IANNACCONE, JAMES T.			1.2 NAME			
ET ADDRESS				1.3 STREET ADDRESS			
ST-ZIP	FT. LAUDERDALE FL 3330			1.4 CITY- 2.1 TITLE		Change Addition	
.		DEL	ETE			L Change L_ Addition	
:				2.2 NAME 2.3 STREET ADDRESS			
ET ADDRESS				2.4 CITY-ST-ZIP			
ST-ZIP		T pci	ETE	3.1 TITLE		Change Addition	
.			E I E	3 2 NAME			
ET ADDRESS				-	TADDRESS		
ST-ZiP				3.4 CITY-			
	DELETE		ETE	4.1 TITLE		Change Addition	
.		SEL		4.2 NAME			
ET ADDRESS					T ADDRESS		
ST-ZIP				4.4 CITY-	ST-ZIP		
-		DEL	ETÉ	5.1 TITLE		Change Addition	
.				5.2 NAME			
ET ADDRESS				5.3 STRE	T ADDRESS		

5 4 CITY-ST-ZIP

6.1 TITLE

6.3 STREET ADDRESS

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sai an officer or director of the exemptation or the receiver or frustee ampowered to execute this report as required by Chapter in Block 12 or Block 3 if changed or or an antachment with an address.

GNATURE:

GNATURE:

DELETE

8700

____ Addition

ion