PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J58352

1. Corporation Name

STREET ADDRESS

Principal Place of Business Name Address Address Address Address Name Address Address Address Address Name Address Address Address Address Address Name Address	GAGLIAN	O & ASSOCIATES, INC.							
DAVIE FL 3324 DAVIE FL 3324 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/23/1939 2. Principal Place of Business 2. A Mailing Address 2. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State City & State City & State City & State 2. Principal Place of Business Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State City & State City & State 2. Country 2. Principal Place of Business Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State Sulfe, Apt. #, etc. Sulf	Principal Place	of Business	Mailing Addres	S			T I I I I I I I I I I I I I I I I I I I	61811 61811 81811 81811 81	#JI #1#1) (##J
2. Principal Place of Business	1540 SW 100 TERR 1540 SW 100 TERR						Ŀ		
2. Principal Place of Business 2a. Meiling Address 4. Fell Number A Syle 2/23/1987 A Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. 5. Certificate of Status Desired \$8.7.5 \$6.2 \$7.0 \$8.7.5 \$6.2 \$1.0 \$8.7.5 \$6.2 \$1.0							DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a. Melling Address 4. FEI Number A. FEI								THIS SPACE	
2. Principal Place of Business 2. A. Mailing Address 2. Sulfe, Apt. #, etc. 2. Sulfe, Apt. #, etc. 2. City & State 2. City & State 3. City & State 4. Election Campaign Financing Transit Fund Contribution Added Address of Current Registered Agent 4. This corporation owes the current year Intangible Personal Property Tax. Queen and Address of Current Registered Agent 4. This corporation owes the current year Intangible Personal Property Tax. Queen and Address of Current Registered Agent 4. This corporation owes the current year Intangible Personal Property Tax. Queen and Address of Current Registered Agent 4. This corporation owes the current year Intangible Personal Property Tax. Queen and Address of New Registered Agent 4. City Property Tax. Queen and Address of New Registered Agent 4. City Property Tax. Queen and Address of New Registered Agent 4. City Property Tax. Queen and Address of New Registered Agent 4. City Property Tax. Queen and Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City Property Tax. Queen Address of New Registered Agent 4. City P							, <u> </u>		
Suite, Apt. #, etc. Suite, Ap	Principal Pl	ce of Rusiness	2a Mailing Add	Iress				Aon	lied For
Suite, Apt. #, etc. 27 27 28 28 29 27 27 28 30 30 30 30 30 30 30 30 30 30 30 30 30	¬ '	be of Budinous	— ·						Applicable
22 27 28 28 27 29 29 30 30 31 31 32 31 32 32 32 32		, etc.		#, etc.				\$8.75 Ac	dditional
City & State City & State	2		27				5. Certificate of Status Desired	Fee Red	quired
28				 e			6. Election Campaign Financing	\$5.00 N	May Be
9. Name and Address of Current Registered Agent GACLIANO, DON 2830 N UNIVERSITY DR SUNRISE FL 33324 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as a ragent. I am familiar with, nard accept the obligations of, Section 607.050. Florids Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as a ragent. I am familiar with, nard accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE Signature, Topical or printed name of regulated agent and title if assistable. (NOTE Registered Agent signature required when recessation) DP OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. STREET ADORSS GITY-ST-2P DAVIE FL OP ORLITE UP ORLITE ORLITE ORLITE UP ORLITE ORLI	3		28				Trust Fund Contribution	Added to	Fees
S. Name and Address of Current Registered Agent GAGLIANO, DON 2830 N UNIVERSITY DR SUNRISE FL 33324 10. Name and Address of New Registered Agent Experiment to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors-1 hereby accept the appointment as a general and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Subtracts, the above-named corporation's board of directors-1 hereby accept the appointment as a general agent with a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of dranging it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of the appointment as a statement for the purpose of the appointment as a statement for the purpose of the appointment as a statement for the purpose of the appointment as a statement for the purpose of the appointment as a statement for the purpose of the purpose of the purpose of the purpose of th	Zip	Country	Zip		Country		8. This corporation owes the current ye		_
GAGLIANO, DON 2830 N UNIVERSITY DR SUNRISE FL 33324 84 City 84 City 85 Zip 86 City 87 City 88 Zip 89 Zip 89 Zip 80 Zi	4	25	29	30				N 2000	□No
GAGLIANO, DON 2830 N UNIVERSITY DR SUNRISE FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip 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 it 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 a signature. The familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE DP		9. Name and Address of Curre	ent Registered Agent	1			10. Name and Address of New Regist	ered Agent	
2830 N UNIVERSITY DR SUNRISE FL 33324 83 84 64 65 65 65 66 67 67 67 67 67 67	040	IANO DON			81	Name	and a second of		
SUNRISE FL 33324 83					82	Street Addr	ess (P.O. Box Number is Not Acceptable)	····	
### City FL 85 Zip 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 it office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors.1 hereby accept the appointment as a submit agent of the provisions of Section 607.0505, Florida Statutes. SIGNATURE Signature									
T1. 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 it 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 a Signature. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE DP GAGLIANO, DON 12. NAME STREET ADDRESS TITLE UP GAGLIANO, BETTY STREET ADDRESS TITLE VP GAGLIANO, BETTY STREET ADDRESS DAVIE FL 14. CITY-ST-ZIP TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 21. TITLE Change Change A3. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. TITLE Change	SUNI	15E FL 33324			83				
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 it 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or primed rame of registered agent and tife if applicable. (NOTE Registered Agent signature required when renetating) DATE					84	City		85 Zip C	ode
ordice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application for agent. and familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes. SIGNATURE 12									
Signature, Typed or primed name of regulatered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE DP GAGLIANO, DON STREET ADORESS 1540 SW 100 TERRACE CITY-ST-ZIP DAVIE FL TITLE GAGLIANO, BETTY STREET ADORESS TSREET	office or re	nistered agent, or both, in the Stat	te of Florida. Such cha	nge was autho	nzea by	the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the a	se of changing its r appointment as reg	istered
Signature, Typed or primed name of regulatered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE DP GAGLIANO, DON STREET ADORESS 1540 SW 100 TERRACE CITY-ST-ZIP DAVIE FL TITLE GAGLIANO, BETTY STREET ADORESS TSREET	SIGNATURE								
TITLE				(NOTE: Reg		t signature require			2C IN 12
NAME GAGLIANO, DON 12 NAME STREET ADDRESS 1540 SW 100 TERRACE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE CAGGLIANO, BETTY 2.2 NAME STREET ADDRESS 1540 S.W. 100 TERR. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP NAME ADVIE FL DELETE 3.1 TITLE CHANGE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE CAGGLIANO, BETTY 2.4 CITY-ST-ZIP NAME 3.1 TITLE CHANGE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE CAGGLIANO, BETTY 3.4 CITY-ST-ZIP TITLE CAGGLIANO, BETTY 3.5 STREET ADDRESS 3.5 STREE				DELETE			ADDITIONS/CHANGES TO OFFICER		Addition
1540 SW 100 TERRACE			LJ	DELETE				. Onlango	
CITY-ST-ZIP				1					
TITLE									
NAME GAGLIANO, BETTY 22 NAME 23 STREET ADDRESS 1540 S.W. 100 TERR. 23 STREET ADDRESS 2 4 CITY-ST-ZIP DELETE 31 TITLE Change C				DELETE		T-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP DAVIE FL 17TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE CONDENSES CITY-ST-ZIP TITLE CONDENSES CITY-ST-ZIP TITLE CONDENSES CITY-ST-ZIP Change Change Change Change		••		DELETE					
CITY-ST-ZIP									ĺ
TITLE DELETE 31 TITLE Change NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME CSTREET ADDRESS CITY-ST-ZIP STREET ADDRESS 4.4 CITY-ST-ZIP Change TITLE DELETE 5.1 TITLE Change NAME 52 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE Change TITLE Change Change Change	[l	(-	
NAME NAME \$32 NAME \$32 NAME \$33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE NAME \$42 NAME \$42 NAME \$42 NAME \$44 CITY-ST-ZIP TITLE DELETE \$44 CITY-ST-ZIP TITLE NAME \$51 TITLE NAME \$51 TITLE NAME \$52 NAME \$53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE \$54 CITY-ST-ZIP TITLE DELETE \$61 TITLE Change Change		DAVIE FL		DELETE		51-ZIP		☐ Change	Addition
33 STREET ADDRESS 34 CITY-ST-ZIP	1		Ц	DELETE					
STREET ADDRESS STRE	ŀ					T ADDDESS			
TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change TITLE DELETE 5.1 TITLE Change NAME 52 NAME 53 STREET ADDRESS STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change	Į.								
NAME NAME \$1 2 NAME \$4.2 NAME \$4.3 STREET ADDRESS \$4.4 CITY-ST-ZIP \$4.4 CITY-ST-ZIP \$5.1 TITLE NAME \$5.2 NAME \$5.3 STREET ADDRESS \$5.3 STREET ADDRESS \$5.4 CITY-ST-ZIP \$5.4 CITY-ST-ZIP \$5.5 ADDRESS				DELETE.		11-2112		Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change	1							_ ,	_
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE Change NAME 52 NAME 52 NAME STREET ADDRESS CITY-ST-ZIP 53 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change						r Annocce			
TITLE DELETE 5.1 TITLE Change NAME 52 NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change	(,		
NAME				DELETE		1-21		Change	Addition
STREET ADDRESS								- ;	
	A-MAC			_	D.Z INAME				
TITLE DELETE 6.1 TITLE Change	PEDEET ADDRESOL					ADDRESS			
CONNE					5.3 STREET	1			
NAME 0.2 IVAVIE	CITY- ST-ZIP			DELETE	5.3 STREET 5.4 CITY- S	1		☐ Change	Addition

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 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 effect like empowered.

6.3 STREET ADDRESS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90092 019 ***150.00