

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90092 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J63774

1. Corporation Name
ARNONE BUILDING AND DESIGN, INC.



Principal Place of Business

Mailing Address

7667 W. SAMPLE RD.
 STE. 224
 CORAL SPRINGS FL 33065
 US

7667 W. SAMPLE RD.
 STE. 224
 CORAL SPRINGS FL 33065
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1987

4. FEI Number

59-2318203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD
STE #219
ROYAL PALM BCH FL 33411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **ARNONE, GREGORY L**
 STREET ADDRESS **7667 W SAMPLE ROAD STE 224**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **ARNONE, PAMELA**
 STREET ADDRESS **7667 W SAMPLE ROAD STE 224**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **S** DELETE
 NAME **KRAVITZ, BRUCE I**
 STREET ADDRESS **11440 OKEECHOBEE BLVD STE 219**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

Date

561795-5373

Daytime Phone #

CR2E034 (1/1/98)