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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # **K73940** 

1. Corporation Name

LABARBERA AND ASSOCIATES, INC.

Principal Place of Busin	ness
•	

3802 EHRLICH ROAD

Mailing Address

3802 EHRLICH ROAD



Guite 306 Fampa Fl 33624	SUITE 306 TAMPA FL 33624		DO NOT WRITE IN TH	HIS SPACE
IS .	US .		3. Date Incorporated or Qualifed 03/20/1989	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
3802. EHRLICH ROAD	26 3802. EHRLICA	KOAD	59-2941509	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 3 /Ampa / FL	City & State  Z8 ZAMDA E.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cguyttry 4 336 24 25 Africes Annual H		TUEBROLLE	This corporation owes the current year     Personal Property Tax.	Intangible  Yes
9. Name and Address of Current Registered Agent		10. Name and Address of New Register	ed Agent	
Labarbera, Geraldine G.		81 Name		
3802 EHRLICH ROAD		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
STE <del>300-</del> TAMPA FL 33624		83 578	302	
TAMEA IL 33024		84 City		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			cuired when reinstation) DATE
	- San Carlotte Control of the	Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS		Change Addition
TITLE	D DELETE	1.1 TITLE	Collegige Discounti
NAME	Labarbera, Geraldine G	1.2 NAME	
STREET ADDRESS	3802 EHRLICH ROAD, SUITE 306	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LABARBERA, DOMINICK G	2.2 NAME	
STREET ADDRESS	3802 EHRLICH ROAD, SUITE 306	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	the second secon
TITLE	D DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LABARBERA, MICHAEL G	3.2 NAME	
STREET ADDRESS	3802 EHRLICH ROAD, SUITE 306	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4. CITY-ST-ZIP	
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LABARBERA, SCOTT D	4.2 NAME	
STREET ADDRESS	3802 EHRLICH ROAD, STE 306	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•	5.2 NAME	· ·
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
		the exemption stated	in Section 119 07(3)(i). Florida Statutes, I further certify that the information

indicated on this annual report or supplied with this limity does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati 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:

Jan. 4 1999 (813) 961.2525