

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90171 008 ***150.00

DOCUMENT # L49768

1. Corporation Name
ALESSANDRA SCHIANO, INC.



Principal Place of Business
362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

Mailing Address
362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/12/1990

4. FEI Number

59-2990888

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

7. Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

SCHIANO, BIAGIO L.
502 RIVIERA DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name DULIN, RAMSEY W.
82 Street Address (P.O. Box Number is Not Acceptable)
201 S. ORANGE AVENUE
83 STE. 1090
84 City ORLANDO FL 85 Zip Code 32801

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

3/23/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SCHIANO, BIAGIO L.
STREET ADDRESS 502 RIVIERA DR.
CITY-ST-ZIP ALTAMONTE SPGS. FL 32801

TITLE V ☐ DELETE
NAME TRAN, LUONG MOC
STREET ADDRESS 3910 PEACE PIPE
CITY-ST-ZIP ORLANDO FL 32829

TITLE ST ☐ DELETE
NAME LEHMANN, KEITH
STREET ADDRESS 2527 S SEMORAN BLVD #1832
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 872 CRESTON DRIVE
1.4 CITY-ST-ZIP MAITLAND, FL 32751

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8143 MORITZ COURT
2.4 CITY-ST-ZIP ORLANDO, FL 32825

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 502 RIVIERA DRIVE
3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRES/SEC

Date

4/19/99

407-830-5338

Daytime Phone #

0073851

CR2E034 (1/98)