

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  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90121 047 \*\*\*150.00

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DOCUMENT # M16272

1. Corporation Name  
RALPH DELLA-PIETRA INC.

Principal Place of Business  
1400 ALABAMA AVE. STE 1  
WEST PALM BEACH FL 33401  
US

Mailing Address  
1835 CLYDESDALE DRIVE  
LOXAHATCHEE FL 33470  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1985

4. FEI Number

59-2554716

Applied For

Not Applicable

5. Certificate of Status Desired: ☒ Yes ☐ No

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$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

21 1835 Clydesdale Dr.

Suite, Apt. #, etc.

22 Loxahatchee, Fl.

City & State

23 33470

Zip

U.S.A.

Country

24

2a. Mailing Address

26 1835 Clydesdale Dr.

Suite, Apt. #, etc.

27 Loxahatchee, Fl.

City & State

28 33470

Zip

U.S.A.

Country

29

30

9. Name and Address of Current Registered Agent

DELLA-PIETRA, RALPH  
1835 CLYDESDALE DR.  
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

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 607.0512 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

*Ralph Della-Pietra, President*

1/29/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME DELLA-PIETRA, RALPH  
STREET ADDRESS 1835 CLYDESDALE DR.  
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

*Ralph Della-Pietra*

Date

Daytime Phone #

CR2E034 (11/98)