Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

□No

Not Applicable \$8.75 Additional

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 # M31706

Country

9. Name and Address of Current Registered Agent

25

ROSSANO, ROBERT

2223 CORAL WAY

City & State

Zip

24

DAN ROSSANO, INC.

Principal Place of Business	Mailing Address			
710 S.W. 195 TERR. T. LAUDERDALE FL 33332-1204	5710 S.W. 195 TERR. FT. LAUDERDALE FL 33332-1204			
Principal Place of Business	2a. Mailing Address			
1	26			

28

29

City & State

Zip

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90116 034 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

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05/07/1986 4. FEI Number

59-2689308

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

SUITE 625 MIAMI FL 33145		83			***		
		84	City	4.146	FL	85 Zip (Code
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Stat egistered agent, or both, in the State of Florida. Such change was in familiar with, and accept the obligations of, Section 607.0505, F	authorized by	the corporation	poration submits this statement for on's board of directors. I hereby ac	the purpose of cept the appoin	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Age	nt signature require	od when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	····	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	P DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	ROSSANO, DAN	1.2 NAME					
STREET ADDRESS	5710 S.W. 195 TERR.	1.3 STREE	TADORESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-5	ST-ZIP				
TITLE	DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME		2.2 NAME		•			
STREET ADDRESS		2.3 STREE	T ADDRESS				
CITY-ST-ZIP		2. 4 CITY-	ST-ZIP		·		
TITLE	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME		3.2 NAME				•	
STREET ADDRESS		3.3 STREE	TADDRESS				
CITY-ST-ZIP		3.4. CITY-	ST-ZIP				
TITLE	☐ DELETE	41 TITLE	,			Change	☐ Addition
NAME		4. 2 NAME	:	•	ė		
STREET ADDRESS		4.3 STREE	TADDRESS				
CITY-ST-ZIP		4.4 CITY-5	ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME		5.2 NAME		- ·			
STREET ADDRESS		5.3 STREE	T ADDRESS				
CITY-ST-ZIP		5.4 CITY-5	ST-ZIP				
TITLE	☐ DELETE	61 TITLE				Change	☐ Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	ET ADDRESS				
CITY-ST-ZIP		6.4 CITY-5			,		
14. I hereby o	certify that the information supplied with this filing does not qualify	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statute	es. I further cer	tify that the i	nformation

Country

30

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 at officer or director of the corporation or the receiver or prosted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on anyettachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date