## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90137 014 \*\*\*\*61.25

## **DOCUMENT # N23269**

1.	Corporation Name									
	WAREHOUSE II CO	SZA MILIMIMOGIAC	CL	ATION, INC.						
	WANTINGOOF II O	DIADONALIA NOC		ATION INO						
Pr	rincipal Place of Business		M	ailing Address			<del></del>			
31	91 SW 14TH PLACE	66	660 W LINTON BLVD							
-	AY #16		SUITE 202							
B	OYNTON BEACH FL 33426		DELRAY BEACH FL 33444							
U:	\$		US	\$						
2.	· Principal Place of Busine	SS	2a.	· Mailing Address	-					
21			26					_		
	Suite, Apt. #, etc.		T	Suite, Apt. #, etc.						
22	]		27				•			
	City & State			City & State						
23	]		28							
	Zip	Country	<del>                                     </del>	Zip		Cou	ntry			
24	, , _	5	29		30	1				
۳		nd Address of Current	Regis	stered Agent		•				
						_				

3. Date Incorporated or Qualifed 11/02/1087

21			2	261				1	1 1/1	02/1001						
	Suite, Apt.	#, etc.		Suite, Ap	t. #, etc.	<u> </u>		4	-	Number					Appl	ied For
22			2	27					65-	0011792				<u> </u>		Applicable
23	City & Stat	е	2	City & Sta	ate			5	5. Certi	ifcate of Sta	tus Desire	ed [	]	-	75 Ad e Requ	lditional uired
	Zip	25	Country	Zip	30	Country	/	6		tion Campai t Fund Cont	-	ing [	]	•	00 M ded to	lay Be Fees
			Address of Current Re			<del>-</del>		10	). Nam	ne and Add	ress of N	ew Regi	stered A	gent		
				<u> </u>		81	Nan	10								
GOUVERT, DOLORES 660 W LINTON BLVD					82	82 Street Address (P.O. Box Number is Not Acceptable)										
	SUITE 202	2				83										
ı		BEACH FL 33444	•			84				····			FL	1 _	Zip Co	
11.	office or r	egistered agent, o	of Sections 617.0502 and both, in the State of Flod accept the obligations	orida. Such ch	iange was auth	orized by	the co	ed corporation s t	on subi board o	mits this star of directors.	ement for I hereby a	the purp scept the	oose of c e appoint	hanging ment a	g its re s regis	egistered stered
SIC	SNATURE										<u>_</u>		DATÉ			
40		Signature, typed or printe	ed name of registered agent and I		(NOTE: Re	13,	nt signatt	re required when	ADDI	TIONS/CHA	NGES TO			DIREC	CTOR	S IN 12
12.	·		OFFICERS AND DI		1				الالال					☐ Char		Addition
TITL	E	PD		L	] DELÉTE	1.1 TITLE								☐ Cliar	ige	
			<b>.</b>					1								

SIGNATURE		(NOTE: P	ciclered Acent simpeture re	OATE					
12.	Signature, typed or printed name of registered agent and title if app OFFICERS AND DIRECT	<del></del>	13,	ent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition			
			1.2 NAME						
NAME	BRUNO, ANTHONY		1.3 STREET ADDRESS						
	3191 SW 14TH PL, BAY 13								
CITY-ST-ZIP	BOYNTON BEACH FL 33426	DELETE	1.4 CITY-ST-ZIP		Change	Addition			
TITLE	π	L. DELETE	2.1 ताLE		ondago	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NAME	PELUSO, JOHN		2.2 NAME						
STREET ADDRESS	3191 SW 14TH PL, BAY 15		2.3 STREET ADDRESS	الروان المعاون المستعادات					
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CITY-ST-ZIP		<del></del>	F-0.4 (199)			
TITLE	SD	☐ DELETÉ	3.1 TITLE		Change	Addition			
NAME	LODOLCE, CHARLES J		3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		•				
CITY-ST-ZIP	HIGHLAND BEACH FL 33481		3.4. CITY+ST-ZIP	<u> </u>		<u>.,,</u>			
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TILE		☐ DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS		_				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			_ <del></del> _			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			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 617, 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: