## Mar 03, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

	1999 DIVISION OF CORPORATIONS			03-03-1999 9004 / 040 ***150.00		
1. Corporatio	MENT # P9200 OR RESTORATION, INC.	0003114				
Principal Plac	e of Rusiness	Mailing Address				
215 NE 32 CT	o or business	215 NE 32 CT				
FT. LAUDERDA	LE FL 33334	FT. LAUDERDALE FL 333	34			
						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualifed 11/04/1992
2 Principal D	Place of Rusiness	2a. Mailing Address				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21 26						65-0300139 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				Certifcate of Status Desired     Fee Required
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	· · ·	Country Zip Cou				8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curr	29	30			Personal Property Tax. Yes 10, Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent		81	Name	IV. Haile and Address of New Registered Agent
BUL	ZACCHELLI, DANIEL					
215 NE 32 CT.				82 Street Addres		Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33334				83		
						lost month
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida State	ites, the a	bove	i e-named c	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was	authorized	j by	the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	016/12	DANEL BUIT	excl	11	345	212/55
0.01471.0112	Signature, yped or printed name of registered	· · · · · · · · · · · · · · · · · · ·		Ager	nt signature rec	quired when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D SAN TAGOLIEU L DANNEL	□ DECETE	1.1 TI		-	
NAME	BULZACCHELLI, DANIEL		1.2 N			
STREET ADDRESS	9401 EVERGREEN PLACE				ADDRESS	·
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	DELETE 2.1		TY-S	1-ZIP	☐ Change ☐ Addition
NAME	BULZACCHELLI, MATTHEW		2.7 N		•	
STREET ADDRESS	AAAA NEU AATII ATREET		2.3 STRE		TADORESS	
CITY-ST-ZIP	l .				l l	
TITLE	TT. ENDERIONEE TE GOOGT			2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 N	3.2 NAME		
STREET ADDRESS			3.3 STRE		ADORESS	
CITY-ST-ZIP	3.4.		ITY-S	ST-ZIP		
TITLE				4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 N	IAME	-	
STREET ADDRESS			4.3 S	TREE	ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N			·
DYDEET ADDOCCO	A Company of the Comp		■ 53S	CREE	TADORESS I	

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition