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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90017 037 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000002986**1. Corporation Name

R.T. MONGILLO, P.A.

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	e of Business	Mailing Ad									
600 5TH AVE S	SOUTH	600 5TH A\	/E SOUTH								
306						DO NOT WRITE IN THIS SPACE					
US US					3. Date Incorporated or Qualified					7	
						01/08/1993		-			Ì
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	<u>, </u>		Ι Ι Δ	pplied For	┥
21		26	, , , , , , , , , , , , , , , , , , , ,			65-037765	2		l 	ot Applicable	\dashv
Suite, Apt.	#. etc.		Apt. #, etc.			05 05/705	<u> </u>			Additional	┥
22		27				5. Certifcate of S	tatus Desired			equired	
City & Stat	te	City &	State			6. Election Camp	nian Financia			May Be	┨
23		28				Trust Fund Co				to Fees	- -
Zip	Country	Zip		Country	,			rent year Int		101003	1
24	25 29		30			8. This corporation owes the current year Intangible Personal Property Tax.					Ì
	9. Name and Address of Cu	11				10. Name and Ad		Registered			1
			3,	81	Name						┪
MON :	NGILLO, R.T.				<u> </u>						
600 5TH AVE SOUTH				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				•	ļ
1	G. D, Suite 22			83		18 St. 18 St.	*		en de la composition della com	Depart for 1891	\dashv
	LES FL 34102			0.5							
				84	City	property & co	· ' ' ' ' ##**** #	713 - 71 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 1	85 Zip	Code"	
<u> </u>					L			FL	<u></u>		_
office or r	to the provisions of Sections 607 registered agent, or both, in the S	7.0502 and 607.1508, State of Florida. Such	, Florida Statutes, th change was authori	ie above ized by	e-named corpo the corporation	oration submits this s in's board of directors	tatement for the s. I hereby acce	ot the appoi	changing its	s registered eaistered	
Magent. I à	im familiar with, and accept the o	bligations of, Section	607.0505, Florida S	Statutés	i.						
! ''										. •1	- 1
SIGNATURE											
	Signature, typed or printed name of registere				nt signature required	when reinstating)		DATE	D DIDEOT		
12.	OFFICERS	ed agent and title if applicable S AND DIRECTORS	-	13.	nt signature required	ADDITIONS/CH	ANGES TO OF				
12.	OFFICERS P		DELETE 1	13. 1.1 TITLE	nt signature required		ANGES TO OF		ID DIRECTO	ORS IN 12	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

941-263-447