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** PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000014750

ANTHONY D. BARTIROME, P.A.

| Principal Plac | e of Business | Mailing Address | | | | | | |
|--|---|---|--|--|--|--|--|--|
| 2 NORTH TAMIAMI TRAIL | | 2 NORTH TAMIAMI TRAIL | | | | | | |
| SUITE 408 | | SUITE 408 | • | | | DO NOT WRITE IN THIS SPACE | | |
| SARASOTA FL 34236 US | | US | SARASOTA FL 34236 US | | | 3. Date Incorporated or Qualifed | | |
| 03 | | 00 | | | 02/19/1993 | | | |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Apr | olied For | ١,, |
| | ace of Business | 26 | | | 65-0388593 | | Applicable | 10 |
| 21 j Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | \$8.75 A | | 3 |
| 22 | , 5.5. | 27 | | | 5. Certifcate of Status Desired | Fee Re | quired | |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be | 1 |
| 23 | | | | | Trust Fund Contribution | Added to | | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes the current y | year Intangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | X Yes | □No | |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New Regis | stered Agent | | |
| | | | 8 | 1 Name | | | | |
| BAR | rtirome, anthony D | | 5 | 2 Street Ad | dress (P.O. Box Number is Not Acceptable) | | | ł |
| | ORTH TAMIAMI TRAIL | | 1 | - Ollock Fla | oreso (1.10). Box Hambor to Have recognized | l Literatura de la completa de la comp | a, n. Naid Sānī | |
| SUITE 408 | | | ε | 3 | · · · · · · · · · · · · · · · · · · · | | | |
| SAR | Pasota fl 34236 | | - | 4 6% | | 85 Zip C | ode (4) (4) | ł |
| | | | | 4 City | | FL S Z | ,oue | |
| · · · · · · · · · · · · · · · · · · · | | are or Fionda. Such change was at | Jihonzed i | ve-named co | tion's board of directors. I hereby accept the | е арронинень аз геў | | l |
| SIGNATURE | am familiar with, and accept the obl | ligations of, Section 607.0505, Flor | ida Statut | by the corporates. | tion's board of directors. I hereby accept the | DATE | | ا ا |
| ்ஃி agent. I a | arn familiar with, and accept the obl Signature, typed or printed name of registered | ligations of, Section 607.0505, Flor | ida Statut | by the corporates. | | DATE | RS IN 12 | (80) |
| SIGNATURE | arn familiar with, and accept the obl Signature, typed or printed name of registered | ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: | ida Statut Registered A | py the corpora | ired when reinstating). | DATE | | (44/00) |
| SIGNATURE | arn familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS | ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS | Registered A | pent signature requ | tred when reinstating) CHANGES TO OFFICE | DATE ERS AND DIRECTO | RS IN 12 | 94 (44/00) |
| SIGNATURE 12. | arri-familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PST BARTIROME, ANTHONY D | ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS | Registered A 13. 1.1 TITL 1.2 NAM | pent signature requ | tred when reinstating) CHANGES TO OFFICE | DATE ERS AND DIRECTO | RS IN 12 | E024:744(00) |
| SIGNATURE 12. TITLE NAME | arri familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PST BARTIROME, ANTHONY D | ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS | Registered A 13. 1.1 TITL 1.2 NAM | yy the corpora | tred when reinstating) CHANGES TO OFFICE | DATE ERS AND DIRECTO | RS IN 12 | DOE004 (44/00) |
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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)(1). 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

CITY-ST-ZIP

FILED

Jan 20, 1999 8:00am

Secretary of State

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