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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020093

THE CICADA GROUP, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90028 034 ***150.00



Principal Place of Business Mailing Address				I IMPOLITADO LOR TRANSPORTO E BORRA E		
% CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324		% CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 03/17/1993		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21		26		04-3186435	·Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	⇒ \$8.75 A	
22		27		J. Certificate of Otalias Desired	Fee Red	quired
City & State		City & State		6. Election Campaign Financing	_ \$5.00 t	
23		28		Trust Fund Contribution	Added to	Fees
Zip Country		Zip Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	25		30	Personal Property Tax. 10. Name and Address of New Reg		. INU
-	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Neg	natered Agent	
ст с	CORPORATION SYSTEM				*******	
1200 SOUTH PINE ISLAND RD.			82 Street Addr	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	83		
			84 City		FL 85 Zip C	ode
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was aut	horized by the corporation	poration submits this statement for the pu on's board of directors. I hereby accept the	rpose of changing its r he appointment as reg	registered pistered
				•		1
SIGNATURE			_			
SIGNATURE	Signature, typed or printed name of registered age		Registered Agent signature require		DATE OF THE COLOR	DC IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
12.	OFFICERS AN		13. 1.1 TITLE			RS IN 12
12. TITLE NAME	OFFICERS AND PTSD ZANOLI, TONI-LEE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	PTSD ZANOLI, TONI-LEE 41 GROVE ST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PTSD ZANOLI, TONI-LEE 41 GROVE ST WAYLAND MA 01778	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
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14. 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.

SIGNATURE: