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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000026586**

1. Corporation Name
LANZO LINING SERVICES, INC.-FLORIDA

Principal Place of Business	Mailing Address
4260 NW 19TH AVE UNITS A-F POMPANO BCH. FL 33064 US	1900 NW 44TH ST POMPANO BCH. FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/08/1993

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 65-0414559 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ – **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

D'ALESSANDRO, GIUSEPPE
4260 NW 19TH AVE
UNIT A
POMPANO BCH. FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 1-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	D'ALESSANDRO, GUISEPPE		1.2 NAME		
STREET ADDRESS	6208 NW 72ND WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	D'ALESSANDRO, ANGELO		2.2 NAME		
STREET ADDRESS	6689 NW 26TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TILLI, MATTHEW P		3.2 NAME		
STREET ADDRESS	8302 NW 37TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEATY, ROBERT III		4.2 NAME		
STREET ADDRESS	1864 GOLFVIEW		4.3 STREET ADDRESS		
CITY-ST-ZIP	S DAYTONA BEACJ FL		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TINGBERG, FRED		5.2 NAME		
STREET ADDRESS	3208 NORFOLK, ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BACH FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	D'ALESSANDRO, ANTONIO		6.2 NAME		
STREET ADDRESS	21788 REFLECTIONLANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		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 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: _____ 1-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)