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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000076258

D&D MANASOTA PROPERTIES, INC

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90253 024 \*\*\*150.00

DOD IVIA	NASOTA PROPERTIES, INC.				
Principal Place	e of Business M	lailing Address		4 (40)(63) (50 18)00 (4)(6; 00(4) 00(4) 00(4)	
9421 KINGSTON DRIVE PLETE 9421 KINGSTON DRIVE DELETE BRADENTON FL 34210 DELETE			lete		
	U~			DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualifed	}
				10/28/1993	
2. Principal Pl		. Mailing Address		4. FEI Number	Applied For
21 4261	7 66 St Circlew 26			65-0450350	Not Applicable
Suite, Apt.	27 Jano			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e, , C,	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 500	denton, 1 28			Trust Fund Contribution	Added to Fees
Zip	Country		Country	8. This corporation owes the current year I	
24 3420		30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current Regi	stered Agent	94 33	10. Name and Address of New Registere	Agent
050	ALVO MOCEO POCALIE IA		81 Name T	Blagio Denaro	'
9421 KINGSTON DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			4 5	267 66 St Circl	e w
BRAI	DENTON FL 34210		83		
			84 City	Bradaton F	85 Zin Code 3 12 09
44 Purcuent	to the provisions of Sections 607 0502 and I	607 1508 Florida Statutes th	e above-named corr	poration submits this statement for the purpose	of changing its registered
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 a	m familiar with, and accept the obligations o	t, Section 607.0505, Florida S	Statutes.	<b>A</b>	
SIGNATURE	Signature, typed of printed name of registered agent and title	O DOTTO B	tered Agent signature require	A PATE	18-99
12.	Signature, typed of printed name of registered agent and title OFFICERS AND DIRI	FCTORS (NOTE: Regist	13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTORS IN 12
TITLÉ			L1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
	P (A) Denaro, Biagio	_	1 2 NAME		
NAME	· · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS		\ \
STREET ADDRESS	4267 66 ST CIR W				
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ★Addition
TITLE	V			2000 0 7	
NAME	DESALVO-MOSER, ROSALIE M.		2.2 NAME	Biagio A. Denaro	
STREET ADDRESS	9421 KINGSTON DR.		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-ST-ZIP		Change Addition
TITLE			3 1 TITLE		□ ouride □ Urreline
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE 4	4.1 TITLE		Change Addition
NAME					
STREET ADDRESS			1.2 NAME		
011121110011200		4	3 STREET ADDRESS		
CITY-ST-ZIP		4	4.3 STREET ADDRESS		Change Addition
		DELETE S	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>	☐ Change ☐ Addition
CITY-ST-ZIP		DELETE 5	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP		DELETE 5	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		DELETE S	4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE S	4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE S	4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE 5  DELETE 6  DELETE 6	4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99 (941) 792-4792
Date Dayline Phone #