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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P9400002369**1. Corporation Name MALFITANO CAMPBELL & DICKINSON, P.A.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90175 039 ***150.00

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Principal Place	e of Business	Mailing Address											
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SUITE 1080 SUITE 1080						ļ							
TAMPA FL 3360	02	TAMPA FL 33602				<u> </u>	DO NOT WRITE IN THIS SPACE						
							Date Incorpor 01/11/199	ated or Qualife 4	eo				
2 Principal P	lace of Business	2a. Mailing Address				4.	FEI Number				Appl	lied For	
100 h). Kennedy Blud	26 100 W. Ken	nedy	RIU	1	_	59-321933	1			Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.							· -	\$8.7	'5 Ad	Iditional	
¬ ~ 1	e 500	27 Suite 50.				5. (Certificate of S	Status Desired	D	Fee	e Req	uired	
City & State		City & State					Flection Cami	paign Financin	n _	\$5	nn M	lay Be	
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4 3 36		1	30 0	7				dress of Nev	Registered				
	9. Name and Address of Current	Kegistered Agent		81	Name	10.	Tallio dilo i	30,000 01 100					
MAL	FITANO, MICHAEL D			•	, , , , , , , ,			· · ·					
	E. KENNEDY BLVD. 100 W. K	Lucis who should		82	Street A	Address (P.	O. Box Numb	er is Not Acce	ptable)				
	E 1000	sennedy Blud											
				83								1	
IAM	PA FL 33602 Tamp •	, F/w 33602		84	City					85	Zip Co	ode	
	·				•				FL	_ _			
office or re agent, I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stati	utes.	ie corpo	JIAUON'S DOE		s. I hereby acc	pept the appo	intment a	s reg	stered	
	Signature, typed or printed name of registered agent a			Agent s	signature re	equired when rei		HANGES TO		ND DIRE	CTOE		
12.	OFFICERS AND	DELETE	13.			A	DDITIONS/CI	HANGES TO	JFFICERS A	MD DIKE		Addition	
TITLE	J	C DELETE	1.1 T		ł			7. · 1		A ****			
NAME	MALIFATANO, MICHAEL D		1.2 N/			Malt	1 tano	Mich ledy Bl	ae D	4.	- 04	5	
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NAME	DICKINSON, JOHN F		3.2 N/	AME			,	•,					
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NAME	KITCHEN, F. DAMON	_	4, 2 N		ļ								
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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, opon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: