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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400089000 1. Corporation Name

TOMASE	ELLI & CO., P.A.											
Principal Plac	o of Rusinoss	Maili	ng Address				1	1 10611001 ISB ( <b>6</b> 111 <b>1</b> 11	(L) ((L) (14			
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1500 CORDOVA RD. 1500 CORDOVA RD. SUITE 202 SUITE 202												
FT. LAUDERDALE FL 33316-2190 FT. LAUDERDALE FL 33316			3-2190			DO NOT WRITE IN THIS SPACE						
							1	Date Incorporated or	Qualifed			
				_				12/08/1994				
2. Principal F	Place of Business	2a. N	Mailing Address					El Number			Ar	plied For
21		26					E	<u> </u>				ot Applicable
Suite, Apt.	#, etc.	s	Suite, Apt. #, etc.		-		5. 0	Certificate of Status D	esired		\$8.75	
22		27					1					equired
City & Stat	te	L, c	City & State				J	lection Campaign Fi			\$5.00	
23		28					_	rust Fund Contribution			Added	to Fees
Zip	Country	—	ἵρ	Count	гу			his corporation owes		ent year in	tangible □Yes	ŊNo
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	9. Name and Address	of Current Register	rea Agent	8	1 Nan		10. 5	taille alla Augiess	OI NEW IN	egistered	Agoin	
TOM	IASELLI, JOHN J			Ľ	T Tall							
	CORDOVA RD.			8	2 Stre	et Addre	ss (P.C	). Box Number is No	t Accepta	ıble)		
	E 202			8	2							
	LAUDERDALE FL 33316-	-2190										
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11. Pursuant office or ragent. I a			JOHN TO	501156	TL.				nt for the eby accep	2 M	changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of	egistered agent and title if ap	oplicable. (NOTE:	Registered Ag	TL.		when rein	stating)		DATE	<del>~??</del>	
SIGNATURE	Signature, typed or printed name of C		oplicable. (NOTE:	Registered Ag	ent signatu		when rein			DATE	ND DIRECTO	PRS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of D	egistered agent and title if ap	oplicable. (NOTE:	13.	gent signatu		when rein	stating) DDITIONS/CHANGES	TO OFF	DATE FICERS AN	<del>~??</del>	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not clualify 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 fusite of powered 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

SIGNATURE:

STREET ADDRESS