

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750);

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90002 007 ***550.00

DOCUMENT # **P95000015661** ✓

Corporation Name

STEINBURG & MILANO INC.

Principal Place of Business

**92ND AVENUE NORTH
NAPLES FL 34108**

Mailing Address

**779 92ND AVENUE NORTH
NAPLES FL 34108
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1995

4. FEI Number

22-3360452

Applied For

Not Applicable

5. Certificate 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. ☐ Yes ☒ No

Principal Place of Business

5850 10TH AVENUE SW

Suite, Apt. #, etc.

2a. Mailing Address

5850 10TH AVENUE SW

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34116

Country

USA

City & State

NAPLES, FL

Zip

34116

Country

USA

9. Name and Address of Current Registered Agent

**NAVARRA, DENNIS J.
779 92ND AVENUE NORTH
NAPLES FL 34108**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

	P	<input type="checkbox"/> DELETE
NAME	NAVARRA, DENNIS J	
STREET ADDRESS	779 92 AVE N	
CITY-STATE-ZIP	NAPLES FL 34108	
	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAVARRA, DENNIS	
1.3 STREET ADDRESS	5850 10TH AVENUE SW	
1.4 CITY-STATE-ZIP	NAPLES, FL 34116	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

SIGNATURE:

Dennis J. Navarra

7/6/99

941-348-7862

CR2E034 (5/99)