

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 # P95000030162

1. Corporation Name  
PELEGRINO & ASSOCIATES, P.A.

Principal Place of Business  
888 E LAS OLAS BLVD  
THIRD FLOOR  
FT LAUDERDALE FL 33301  
US

Mailing Address  
888 E LAS OLAS BLVD  
THIRD FLOOR  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

21 888 E Las Olas Blvd.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEECHL, KENNETH E  
200 E LAS OLAS BLVD  
SUITE 1800  
FT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE

NAME: PELEGRINO, ANTHONY W  
STREET ADDRESS: 888 E LAS OLAS BLVD, THIRD FLOOR  
CITY-ST-ZIP: FT LAUDERDALE FL 33301

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Anthony W. Pellegrino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99  
Date

1.954.525.511  
Daytime Phone #

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90137 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0573651

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 Tax.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)