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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035970

1. Corporation Name

LAW OFFICE OF JOSEPH M. PANIELLO, P.A.

Principal Place	of Business	Ivialing Address			ļ				
1 TAMPA CITY CENTER. #2720 201 N. FRANKLIN ST. TAMPA FL 33602		1 TAMPA CITY CENTER. #2720 201 N. FRANKLIN ST. TAMPA FL 33602			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
					•	ted of Qualified			
					05/01/1995 4. FEI Number			Applied Fo	
2. Principal Pl	ace of Business	2a. Mailing Address			1		\vdash		
21		26			59-3313159)		Not Applic 5 Addition	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of St	atus Desired		• Required -	
22]		City & State	• • • •	· · · •		-ton Financian			
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24	9. Name and Address of Curren	t Registered Agent	30	T		dress of New Regis			
	9. Name and Address of Culter	t Registered Agent		81 Nam		0 • 11			$\neg \neg$
≨stuBE	RANO, ANDREW J				J. MACKIE	raniello	<u> </u>		
	E. KENNEDY BLVD., #3700			82 Stree	t Address (P.O. Box Number	ris Not Acceptable)	Les #1	720	Ì
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	PA FL 33602				201 N. TRA	FNKLIN S)T		
17 441				84 City	7		FL 85 2	Zin Code 3360:	a
		0 C07 4500 Florida State	itaa tha a	<u> </u>	d corporation tubmits this st	atement for the nur			red -
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida State of Florida. Such change was ttons of, Section 607.0505, Fl	authorize orida Stat	d by the col tutes.	poration's board of directors	. I hereby accept the	appointment a	s registered	
SIGNATURE	~~~~	1YI				4-6	22-99 DATE		- }
Signature, typed or pinted name of registered agent and the if applicable. (NOTE: I									
<i>r</i>				d Agent signatui	e required when reinstating)			CTODS IN	12
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4-22-99 (813)228-7004

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90036 016 ***150.00