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 # **P95000052142**1. Corporation Name

LAW OFFICES OF JOHN R. FIORE, PA

Mailing Address

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90037 015 ***150.00



Principal Flac	e or Dualitess	OR DRICKELL AVE	•				
801 BRICKELL AVE		801 BRICKELL AVE					
1501		1501 MIAMI FL 33131-944		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131-944		MIAMI FL 33131-944 US		3. Date Incorporated or Qualifed			
US		00			07/06/1995	•	
	<u> </u>	2a, Mailing Address			4. FEI Number	App	ied For
2. Principal Flace of Business		⊢ , •	uuiess		65-0605677	Not	Applicable
21		26			\$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required		
22		27	27		 		
City.&.Stat	te	City. & State	City. & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23	• •	28			Trust Fund Contribution		- ces
Zip Country		Zip			8. This corporation owes the current year	Intangible	
─ ¬ ˙			30		Personal Property Tax. ■Yes No		
24	9. Name and Address of Currer				10. Name and Address of New Register	ed Agent	
	S. Hame and Addition	7 . Š :	81	Name	•	•	,
EI0	RE, JOHN R				(D.O. Boy Number is Not Acceptable)		
FIU	BRICKELL AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.7 (1.1)	13.00
	1501	•	[53]		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>	#100 by
MIA	MI FL 33131-4944		84	City		85 ' Zip C	ode
		•	-	, ,			
44 Direction	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpos	e of changing its i popintment as req	egistered istered
office or	registered agent, or both, in the State	of Florida. Such change was at	ithorized by	tne corporati	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	Sportation do rog	
્રા agent∂I	am familiar with, and accept the oblig-	auons of, Section out 0000, Flor	a Clatutes	7.		•	
SIGNATURE				•	red when reinstating) DATI		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	13.	ogman i odan	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	, , , , , , , , , , , , , , , , , , , 	DELETE:	1,1 TITLE		1.7 1 2 2	☐ Change	☐ Addition
TITLE	DP	□ <u>brrrie</u> .	1.2 NAME		s Tourist	•	
NAME	JOHN R FIORE		1				ļ
STREET ADDRES	s 20801 BISCAYNE BLVD., #40	0		T ADDRESS	·		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	ST-ZIP		☐ Change	Addition
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			2.3 STREE	TADORESS	•		
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the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify, that the information supplied with this filling does not qualify for indicated on this annual report or supplemental annual report is true and according to the corporation of the receiver or trustee empowered to all block 12 or Block 13 if changed, or on an attachment with an address, with all