**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90069 041 \*\*\*150.00

DOCUI 1. Corporation	MENT # <b>P96000</b> (	042192			
•	ALTY, INC.				
(121 112)				1 10011001 118 10110 01711 80111 60111 <b>07</b> 111 0	
	· . ·				
Principal Place	e of Business	Mailing Address		1 19811681 (18 1818 Bill) Belli Belli Belli Belli	itt gibik tibbt tible iblib tibl tibl
2701 E ATLANT	•	2701 E ATLANTIC BLVD			
203		203		DO NOT WOITE IN T	LUC CDACE
POMPANO BEA	CH FL 33002	POMPANO BEACH FL 33002		DO NOT WRITE IN T	HIS SPACE
US	•	US		3. Date Incorporated or Qualifed 05/12/1996	
		G- 44-11 4 dd	<u> </u>	4. FEI Number	Applied For
¬	lace of Business	2a. Mailing Address 26 133 White	L-Dond	NOT APPLICABLE	Not Applicable
Suite, Apt.	N Mospect Macl	Suite, Apt. #, etc.	XXCI INCOC	-	\$8.75 Additional
22	#1, 010.	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23 Ft L	aidendale FL	28 Ft Lauderd	ale, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24 335	309 25	29 33309 3	o	Personal Property Tax.	Ŭ Yes ► No
	9. Name and Address of Current	Registered Agent	94 11	10. Name and Address of New Register	red Agent
COM	IOINI WAITED W		81 Name		<u> </u>
SGAIRINI, WALTER W			82 Street Addg	ess (P.O. Box Number is Not Acceptable)	
2703 E ATLANTIC BLVD			12;	W Prosped Rd	
201 POMPANO BEACH FL 33002			83	·	
POW	PANO DEACH PL 33002		84 City	1 1 1 1	EL 85 Zip Code 33309
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			<u> </u>		
office or r	acietared agent or both in the State C	nt Fiorida. Such chande was auti	norizea av ine corboralio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if confictible /NOTE: R	egistered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE I	DP	☐ DELETE	1.1 TITLE		∑ Change
NAME	SGARINI, WALTER W		1.2 NAME	101	
STREET ADDRESS	2703 E ATLANTIC BLVD #203		1.3 STREET ADDRESS	23 WPINEDECT NE	030
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP	23 wprospect Rd. Ft. nautortale Fl	33309
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		j
STREET ADDRESS			2.3 STREET ADDRESS		i
CITY-ST-ZIP			Z.3 STREET ADDISCOO		
TITLE			2. 4 CITY-ST-ZIP		
***************************************		☐ DELETE			☐ Change ☐ Addition
NAME		☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
		☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
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C/TY-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 attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS