## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

166 HARVARD DR

2a. Mailing Address

26

444 BUNKER RD INC

LAKE WORTH FL 33460

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000061976

444 BUNKER ROAD, INC.

rincipal Place of Business

Principal Place of Business

44 BUNKER RD INC

KE WORTH FL 33460

6 HARVARD DR

	, <del>, , , , , , , , , , , , , , , , , , </del>	27	Suite, Apt. #, ei				5. Certifcate of Status Desired		\$8.75 / Fee Re		
City & Star	le	28	City & State				Election Campaign Financing     Trust Fund Contribution	, _	\$5.00 Added t		ì
Zip	Country		Zip	Co	untry	1	8. This corporation owes the cu	rrent year	Intangible		
	25	29		30			Personal Property Tax.	•	Yes	□No	
	9. Name and Address of Current						10. Name and Address of New	Registere	ed Agent		
	JP, V, SPINELLI				81	Name					
166	HARVARD DR				82	Street Addre	ess (P.O. Box Number is Not Accep	table)		. 1	
	E WORTH FL 33460				83				15 3 7 15	20120,36	
					84	City	Service Services (1995) Servic	F	85 Zip C	côde (iii ivi)	
<ol> <li>Pursuant</li> </ol>	amintonand amount on both to the Desterni	of Florida	Cuch change	was subbaries.	d but	the corneration	in's heard of directors. I hereby acco	ent the ann	nointment as rec	rictored	
i. Pursuant office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation of the obligation of the control of the obligation of	ions of,	Section:607:050	Jo, Florida Stat	tutes.	•			omanon as reg	gistered	
agent. I a	in ramiliar with, and accept the obligation	and title if	applicable.	Jo, Florida Stat	tutes. d Agent	•	1 when reinstating)	DATE	787-1-1		100
agent. I a	Signature, typed or printed name of registered agent	and title if	applicable.	(NOTE: Registered	d Agent	•	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	787-1-1		14/1001
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	and title if	applicable.	(NOTE: Registered	d Agent	•	1 when reinstating)	DATE	AND DIRECTO	RS IN 12	114,000
ignature  ignature  ignature	Signature, typed or printed name of registered agent OFFICERS AND	and title if	applicable.	(NOTE: Registered  13. TE 1.1 Ti  1.2 N	d Agent	t signature required	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO	RS IN 12	(00) /44/00)
office of reagental a	Signature, typed or printed name of registered agent OFFICERS AND D SPINELLI, PAUL B 1300 LANDS END RD	and title if	applicable.	(NOTE: Registered  13. TE 1.1 TI  1.2 N  1.3 S'	d Agent TLE AME	t signature required	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO	RS IN 12	200034 (44/00)
office of relationships and the second secon	Signature, typed or printed name of registered agent OFFICERS AND D SPINELLI, PAUL B	and title if	applicable.	(NOTE: Registered  13. TE 1.1 TI  1.2 N  1.3 S  1.4 CI	d Agent TLE AME TREET	t signature required	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO	RS IN 12	CD2E024 (44/00)
GNATURE  IGNATURE  LE  ME  REET ADDRESS Y-ST-ZIP	Signature, typed or printed name of registered agent.  OFFICERS AND  D  SPINELLI, PAUL B  1300 LANDS END RD  MANALAPAN FL  D	and title if	applicable. CTORS	(NOTE: Registered  13. TE 1.1 TI 1.2 N 1.3 S 1.4 CI	d Agent TLE AME TREET	t signature required	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change	RS IN 12	CD2E024 (44/00)
Agent 1 a IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL D PHILIP V SPINELLI	and title if	applicable. CTORS	(NOTE: Registered  (NOTE: Registered  13.  TE 1.1 Tr  1.2 N.  1.3 S'  1.4 CC  TTE 2.1 Tr  2.2 N.	TLE TREET TTLE TREET TTLE TREE	t signature required  ADDRESS  7-ZIP	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change	RS IN 12	CD2E024 (14/08)
Agental a IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL D PHILIP V SPINELLI 166 HARVARD DR	and title if	applicable. CTORS	(NOTE: Registered   13.   13.   12.   13.   14.   13.   14.   14.   15.   14.   16.	TLE TREET, TREET,	t signature required  ADDRESS 1-ZIP  ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change	RS IN 12	CD2E024 (44)09)
Agent 1 a IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL D PHILIP V SPINELLI	and title if	applicable. CTORS	(NOTE: Registered  13. TE 1.1 Ti 1.2 N 1.3 S 1.4 Ci TE 2.1 Ti 2.2 N 2.3 S 2.4 Ci	ITLE TREET TREET TREET	t signature required  ADDRESS 1-ZIP  ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change Change	RS IN 12 Addition	CD2E024 (44)00)
Agent 1 a IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL D PHILIP V SPINELLI 166 HARVARD DR	and title if	applicable. CTORS DELE	(NOTE: Registered  13. TE 1.1 Ti 1.2 N. 1.3 S 1.4 Ci TE 2.1 TI 2.2 N. 2.3 S 2.4 Ci	d Agent TLE AME TREET, TTY-ST TLE AME TREET,	t signature required  ADDRESS 1-ZIP  ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change	RS IN 12	CD2E024 (44)08)
Agent 1 a IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL  D PHILIP V SPINELLI 166 HARVARD DR LAKE WORTH FL	and title if	applicable. CTORS DELE	(NOTE: Registerec  13.  TE 1.1 TI  1.2 N  1.3 S  1.4 CI  TE 2.1 TI  2.2 N  2.3 ST  2.4 CI  TE 3.1 TI  3.2 N	TUTES. THE TREET, TY-ST. TREET, TY-ST. TREET, TY-ST. TREET, TY-ST. TREET, THE AAME	t signature required  ADDRESS 1-ZIP  ADDRESS 1-ZIP	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change Change	RS IN 12 Addition	CB2E024 (44/08)
IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL D PHILIP V SPINELLI 166 HARVARD DR	and title if	applicable. CTORS DELE	(NOTE: Registerec  13.  TE 1.1 TI  12 N  1.3 S'  1.4 CI  TE 2.1 TI  2.2 N  2.3 S'  2.4 CI  TE 3.1 TI  3.2 N  3.3 ST	TILE TREET, TITLE TREET, TITLE TREET, TITLE TREET, TITLE TREET, TITLE TREET, TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO O	DATE	AND DIRECTO Change Change	RS IN 12 Addition	CD0E004 (44/00)
AGNATURE  IGNATURE  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS Y-ST-ZIP  LE  ME  REET ADDRESS REET ADDRESS REET ADDRESS	Signature, typed or printed name of registered agent.  OFFICERS AND  D SPINELLI, PAUL B 1300 LANDS END RD MANALAPAN FL  D PHILIP V SPINELLI 166 HARVARD DR LAKE WORTH FL	and title if	applicable. CTORS DELE	(NOTE: Registered  13.  TE 1.1 Ti 1.2 N. 1.3 S' 1.4 Ci TE 2.1 Ti 2.2 N. 2.3 S' 2.4 Ci TE 3.1 Ti 3.2 N. 3.3 S1 3.4. Ci	TILE  AME  TREET,  TILE  TREET,  TREET,  TREET,  TREET,  TREET,  TREET,  TREET,  TREET,	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO O	DATE FFICERS	AND DIRECTO Change Change	RS IN 12 Addition Addition	(DDDE03) (14/00)

. 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 received 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 manager or on an attachment with lame to ess, with all other like empowered.

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

**IGNATURE** 

DECEMBER OF THE

MARK AND CO.

REET ADDRESS

REET ADDRESS

REET ADDRESS -ST-ZIP

Y-ST-ZIP E

☐ DELETE

☐ DELETE

1175

561.582-2796

Change

Change

☐ Addition

Addition

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90004 046 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

07/24/1996

65-0698681

4. FEI Number