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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 96 00006610

1. Corporation Name

VINCENZO LOCRIECHIO P.A.

Principal Place of Business

Mailing Address

**1506 RIVER OAKS DR
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VINCENZO LOCRIECHIO JR
 1506 RIVER OAKS DR
 TARPON SPRINGS FL 34689**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 of principal place of business agent and the applicable

Block 12 or 13 if changed, or on an attachment with an address, with all other like empowered

Date

12. OFFICERS AND DIRECTORS

TITLE **President** [DELETE]

NAME **VINCENZO LOCRIECHIO**

STREET ADDRESS **1506 RIVER OAKS DR**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

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TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

13.

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

FILED

99 MAR -1 AM 9:18

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Granted

8-9-96

4. FFL Number

593395424

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

**590002798905-7
 -03/09/99--01031--008
 ****150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **VINCENZO LOCRIECHIO JR 2-26-99 (727) 938-1112**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Type in Full

CR2E034 (11/98)