## 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 # **P96000077858**1. Corporation Name

ALBARELLA INVESTMENTS INC.

Principal Place of Business		Mailing Address			. १ व्यक्ताव्यम् ११६ १८११ व वाराः यक्षाः व्यक्ताः व्यक्ताः व्यक्ताः व्यक्ताः व्यक्ताः व्यक्ताः व्यक्ताः व्यक्ता	
13080 ROSEANNA DRIVE		13080 ROSEANNA DRIVE				
SPRING HILL F	L 34609	SPRING HILL FL 34609	G HILL FL 34609		DO NOT WRITE IN THIS SPACE	
	·				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					09/19/1996 4. FEI Number Applied For	
2. Principal Place of Business		2a. Mailing Address				
21		26 Suite And 41 sto			59-3421160   Not Applicable   \$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
22		City 8 State				
City & State		City & State			6. Election Campaign Financing \$5.00 May.Be	شية
23	Country	Zip	Count	~		
Zip	Country	<u> </u>	_	,	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	it Registered Agent	8	1 Name		
ALBA	ARELLA, JOSEPH A		L			
13080 ROSEANNA DRIVE			8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
SPRING HILL FL 34609			8	3		
0,11	7112 7 2 3 1000		10	1	<u></u>	
			8	4 City	FL 85 Zip Code	
				Ь	corporation submits this statement for the purpose of changing its registered	
office or n agent. I a	to the provisions of sections of 1956 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized b	y the corpo	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ag	ent signature re	equired when reinstating) DATE	á
12.	OFFICERS AN	RS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Š
TITLE	VTS	☐ DELETE 1.1 TI			☐ Change ☐ Addition	Ì
NAME	AIBARELLA, JUDITH I		1.2 NAME			č
STREET ADDRESS	13080 ROSEANNA DR		1.3 STREET ADDRESS			ü
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-ST-ZIP			õ
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	(
NAME	ALBARELLA, JOSEPH		2.2 NAME			
STREET ADDRESS	13080 ROSEANNA DR		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1.TITLE		Change Addition	
NAME			3.2 NAME	:		<u></u>
STREET ADDRESS			1	ET ADDRESS		
	<b>.</b>		3.4. CITY	J		
CITY-ST-ZIP	<u> </u>	DELETE 4.1 TI			Change Addition	
TITLE		<u> </u>	4. 2 NAM			
NAME				ET ADDRESS		
STREET ADDRESS				ì		
CITY-ST-ZIP	-	☐ DELETE	4.4 CITY-		☐ Change ☐ Addition	
TITLE		□ nereit	5.1 TITLE 5.2 NAME		. Commige Carrotteen	
NAME				ET ADDRESS	•	
STREET ADDRESS	-DUNESS		5.4 CITY-	j.		
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition	
				Clouding Cloumini		
NAME	:		6.2 NAME	-	i ' ' '	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90207 018 \*\*\*150.00