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 # P96000100315

KERWICK- DE LUCA & ASSOCIATES, INC.

						_	4					EI BHI IUUI
Principal Place of Business Mailing Address						1						
4007 N OCEAN BLVD , 4007 N OCEAN BLVD												
FT LAUDERDAL	E FL 33308		FT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE					
US US							3. Date Incorporated or Qualifed					
	•						3.	· <u></u>				<u> </u>
			• • • • • • •				4-	12/11/1996 FEI Number		-	Appl	ed For
2. Principal Pi	ace of Business	2a. Mailing A	Address				4.			H		Applicable
21		26					-	65-0717140		207		ditional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired			e Requ	
22		27					+ -	The same of the sa				 -
City & State	e`	Clty & State					6.	Election Campaign Financing			00 м	
23		28					┰	Trust Fund Contribution			led to	<u> </u>
Zip	Country Zip			_	n ' l'			8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No				
24	25	29		30			<u>ـــــ</u>	Personal Property Tax.	Danietorad /			1100
	9. Name and Address of Curren	t Registered Age	ent		B1	Mana	10.	Name and Address of New	Registered A	(Aeur		
VCD	ARCH DODEDT A				וים	Name						
KERWICK, ROBERT A					B2	Street Addre	Address (P.O. Box Number is Not Acceptable)					
4007 N OCEAN BLVD												
FIL	AUDERDALE FL 33308			-	83							
				H	84	City				85 4	Zip Co	de
				[04	City			FL		_,,	***
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such o	change was au	thonzed	DV U	-named corpo he corporation	oration n's bo	n submits this statement for the oard of directors. I hereby acce	purpose of optithe proportion	changing tment a	j its re s regis	egistered stered
SIGNATURE	27	,										j
	Signature, typed or printed name of registered ager		(NOTE:	Registered A	gent	signature required			DATE			
12.	OFFICERS AN	ID DIRECTORS		13.				ADDITIONS/CHANGES TO O	-FICERS AN	D DIREC		S IN 12
TITLE	Р	L	DELETE	1.1 TITL	E					L Cita	ige	☐ Addition
NAME:	KERWICK, ROBERT A.			1.2 NAA	Æ	İ						ļ
STREET ADDRESS	4007 N OCEAN BLVD			1.3 STR	EET	ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CIT	1.4 CITY-ST-ZIP								
TITLE	D		☐ DELETÉ	2.1 TITL	£					☐ Char	ıge	Addition
NAME	DELUCIA, STEFANO			2.2 NAM	Æ	•			,			
STREET ADDRESS	4007 N OCEAN BLVD			2.3 STF	LEET /	ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33308			2.4 CIT	Y-ST	r-ZIP						
TITLE	T		■ DELETE	3.1 TITL				<u> </u>		☐ Char	nge	Addition
NAME	DETORRES GIUDITTA			3.2 NAM	Æ							
STREET ADDRESS	4007 N OCEAN BLVD					ADDRESS						į
-	FT LAUDERDALE FL 33308			3.4. CIT								
CITY-ST-ZIP TITLE	FT LAUDENDALE I L 33300		DELETE	4.1 TITL		-4.17				Char	nge	Addition
		•		4. 2 NA								
NAME.				9 '		ADDRESS						
STREET ADDRESS I												
CITY-ST-ZIP	 .		DELETE	4.4 CIT		-ZIP				☐ Chai	nge	Addition
TITLE		i	DELETE	5.1 TITU 5.2 NAM							90	
NAME						4DDDCCC						
STREET ADDRESS	1					ADDRESS						
CITY-ST-ZIP				5.4 CIT		-ZIP						□ Addies-
TITLE		ſ	DELETE	6.1 TITU						Chai	ige	☐ Addition
NAME	·			6.2 NA		J						
STREET ADDRESS				6.3 STF	EET/	ADDRESS (

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 period 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-564-5788

May 03, 1999 8:00 am Secretary of State

05-03-1999 90115 015 ***150.00