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 # P9700003937

1. Corporatio	n Name	000001							
EMILY I.	CORRADINO, P.A.					,			
						T ARRIVANTO AND CONTROL OFFICE ARRIVAL ARRIVANT		1100 1110 1610	
								AHR IND HAL	
Principal Place of Business Mailing Address					1 18811981 118 18111 28811 98111 81		**********	1/11/100/1001	
6229 OLD COURT ROAD 6229 OLD COURT ROAD									
APT 106 APT 106						DO NOT WIDE	TE IN TUIC	CDACE	
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						01/09/1997	· .		_ : : -
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	7	- 	plied For
21 —		26				65-0724474			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	ent year Inte	angible	
24	25	29	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered .	Agent	
- 005	PARING FLINV			81	Name				
CORRADINO, EMILY I				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
, 6229 OLD COURT ROAD							د		<u>. </u>
APT 106 BOCA RATON FL 33433			:	83		•		•	*•
, BOC	A RATUN FL 33433			84	City		FI	85 Zip C	ode
44 Burguent	to the provisions of Sections 607.0502	and 607 1508 Florida Sta	itutes the al	bove	-named corp	oration submits this statement for the	purpose of	changing its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wa	s authorized	by t	he corporation	on's board of directors. I hereby acce	ot the appoir	ntment as rec	jistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Statt	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	
TITLE	DPVS	☐ DELETE	1.1 TII	Π.E				Chắnge	Addition
NAME	EMILY I. CORRADINO		1.2 NA	ME					
STREET ADDRESS	6229 OLD COURT RD., APT #1	06	1.3 ST	REET	ADDRESS			ŧ	
CITY-ST-ZIP	BOĆA RATON FL 33433		1.4 CT	TY-\$T-	-ZIP			·	
TITLE		☐ DELETE	2.1 TI	ΠE		. •		Change	☐ Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 \$1	REET.	ADDRESS				
CITY-ST-ZIP			2. 4 CI	ITY-ST	-ZIP	<u> </u>			T Addis-
TITLE									☐ Addition
1		☐ DELETE	3.1 TI	TLE				Change	
NAME		DELETE	3.2 NA	AME				onange	
NAME STREET ADDRESS		☐ DELETE	3.2 NA 3.3 ST	AME TREET	ADORESS			C Outside	
STREET ADDRESS CITY-ST-ZIP			3.2 NA 3.3 ST 3.4. CI	AME IREET					Addition
STREET ADDRESS		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TIT	AME TREET ITY-ST TLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP			3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4. 2 No	AME TREET, ITY-ST TLE AME	r-ZIP				Addition
STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST	AME TREET TITY-ST TILE AME TREET	ADORESS				Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 No 4.3 ST 4.4 CF	AME TREET, TY-ST TLE AME TREET, TY-ST	ADORESS			Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N 4.3 ST 4.4 CF 5.1 TII	AME TREET, TY-ST TLE AME TREET, TY-ST	ADORESS				☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	AME TREET, TY-ST TLE AME TY-ST TLE TY-ST TLE	ADORESS -ZIP			Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 NA 3.3 ST 3.4 CI 4.1 TII 4. 2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	AME TREET. TY-ST TLE TY-ST TLE AME TREET.	ADDRESS ADDRESS			Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NA 3.3 ST 3.4 CI 4.1 TII 4. 2 N. 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 5.4 CF	AME IREET, ITY-ST ILE AME ITY-ST ILE AME IREET, ITY-ST ITE IREET, ITY-ST	ADDRESS ADDRESS			Change	

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 of or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90209 011 ***150.00