ANNUAL REPORT

1999

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90140 050 ***158.75

DOCUMENT # P97000019088	
GIORDANO INTERNATIONAL HOLDING CORPORATION	A 100/1000 M.E. (100) - DAM DENIS SENIS 40(1) 40(6) (4)(1) 06(1) 16(2) 16(1) 18(1) 18(1) 18(1)

<u> </u>	<u></u>				- I TORINGO OLD THE SOUR BOILD BOLL BOLL BOLL BOLL BOLL BOLL BOLL BO	BEJRS IRABS IRAS CARS	
Principal Place	e of Business	Malling Address					
7181 COLLEGE	PARKWAY	7181 COLLEGE PARKWAY					
SUITE 30 FORT MYERS FL 33907 FORT MYERS FL 33907			DO NOT WRITE IN THIS SPACE				
PURI MIERS I	T MYERS FL 33907 FORT MYERS FL 33907		3. Date Incorporated or Qualified				
					02/24/1997	1	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0779397	Not Applicable	
Suite Apt.	#. etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	_/ \$87	5 Additional	
22		27			5. Certificate of Status Desired Fe	Required	
City & State	19 ·	City & State			8. Election Campaign Financing\$5.	00 May Be	
23		28			Trust Fund Contribution Ad	ted to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Intangible	_/	
24	25	29 3	10		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		241	10. Name and Address of New Registered Agent		
110711		•		81 Name	INGELO J. GIORDANO	:	
	NSTEIN, SCOTT W			82 Street Add	ddress (P.O. Box Number is Ni Acceptable) Suite 30		
	5 HENDRY STREET #201					30	
PUR	IT MYERS FL 33901			83	. MYEKS , FL. 33907		
,				B4 City		Zip Code	
44 5	Author of Costlene 607 0502	and 607 1608 Florida Statutes	the al	hove-pamed cor	poration submits this statement for the purpose of changing	g its registered	
office of r	registered agent, or both, in the State of	Florida. Such change was auf	horized	by the corporat	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment a	is registered	
agent.() a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	a Stan	utes.	<u> </u>	1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if synficable. (NOTE: R	lagistered	Agent signature requir	ned when reinstating) DATE	·	
12.	OFFICERS AND		.13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	PSTD	☐ DELETE	1.1 TIT	n.e	. Cha	nge Addition	
NAME	GIORDANO, ANGELO	****	1.2 NA	WE			
STREET ADDRESS	7181 COLLEGE PARKWAY SUIT	TE 30	1.3 ST	REET ADDRESS		} {	
CITY-ST-ZIP	FORT MYERS FL 33907		1.4 CT	TY-ST-ZIP		} }	
TITLE		☐ DELETE	21 111	TLE .	Cha	nge	
NAME			22 NA	VME			
STREET ADDRESS			2.3 ST	TREET ADDRESS		1	
· CITY-ST-ZIP · -			2,4 CI				
TILE				117-51-20			
NAME	1	☐ DELETE	3.1 717			nge Addition	
STREET ADDRESS		☐ DELETE		rle .	☐ Cha	ige Addition	
	· ·	DELETE	3.1 TIT 3.2 NA	rle .	☐ Cha	nge Addition	
CITY-ST-ZIP			3.1 TIT 3.2 NA 3.3 ST 3.4. CI	TLE NME REET ADDRESS — TTY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TT	TLE WE REET ADDRESS TY-ST-ZIP TLE	☐ Char		
			3.1 TIT 3.2 NA 3.3 ST 3.4. CI	TLE WE REET ADDRESS TY-ST-ZIP TLE			
TITLE			3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4. 2 NA	TLE WE REET ADDRESS TY-ST-ZIP TLE			
TITLE NAME		☐ DELETE	3.1 TIII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CII	TLE TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS			3.1 TIII 3.2 NA 3.3 ST 34. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CII 5.1 TIII	ILE WE REST ADDRESS ITY-ST-ZIP ILE AME REST ADDRESS TY-ST-ZIP ILE		nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 Cf 4.1 TIT 4.2 N/ 4.3 ST 4.4 Cf 5.1 TIT 5.2 NA	ILE WE REET ADORESS ITY-ST-ZIP ILE AME REET ADORESS TY-ST-ZIP ILE WE WE	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TIII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NV 4.3 ST 4.4 CII 5.1 TIII 5.2 NA 5.3 ST	ILE WE REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE WE REET ADDRESS	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT	ILE WAS REET ADDRESS ITY-ST-ZIP LE AME PREET ADDRESS TY-ST-ZIP ME REET ADDRESS TY-ST-ZIP	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT	ILE WAS REET ADORESS ITY-ST-ZIP LE AME LE ME REET ADORESS TY-ST-ZIP REET ADORESS TY-ST-ZIP REET ADORESS TY-ST-ZIP	☐ Cha	nge Addition	
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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 of 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 chapted, or onlan attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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