PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000019868**1. Corporation Name

FRANK D'ALESSANDRO, GEORGE AUSTIN & MICHAEL HAIK EN. INC.

Principal Place of Business			failing Address	Ì											
8801 COLLEGE PKWY SUITE 1		8801 COLLEGE PKWY SUITE 1						DO NOT WRITE IN THIS SPACE							
FT MYERS FL 33919			FT MYERS FL 33919					3. Date Incorporated or Qualifed							
							"	02/27/19		Quanto					
2 Principal PI	ace of Business		2a. Mailing Address					4. FEI Number Applied For							
	6 Longboat Lane 26 4516 Longboat L						"	65-07353						t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired							
22			27												
City & State		211	City & State					6. Election Campaign Financing S5.00 May Be							
	Myers, FL	28	Ft. Myers, FI		"	Trust Fund Contribution Added to Fees									
Zip	Country	1	Zip	Cou	ntry		8.	This corpora	tion owe	s the cur	rent year	r Intangib	le		
3391	9 25 USA	29	33919 3	ט (פ	SA			Personal Pri	operty Ta	ex.		XXY	es	□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered							<u>t </u>		
					81	Name									
D'ALESSANDRO, FRANK R					82	Street	Address (F	O Box Num	ber is N	ot Accept	able)				
8801 COLLEGE PKWY				-			ddress (P.O. Box Number is Not Acceptable) 6 Longboat Lane								
SUIT		83										-			
FT MYERS FL 33919					84	City						85	Zip C	ohe.	
					84	City Ft.	. Myer	·s ·			F	=L °°	339		
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or in familiar with, and accept the obligation	bove by	named.	comparatio	a cubmite this	stateme ors. I her	ent for the eby acce	purpose pt the ar	e of chan opointmer	ging its nt as reç	registered gistered				
	I Tarrillar with, and acapt to obligion	Fran	nk R. D'Alessar				ro								
SIGNATURE	Signature typed or proceed mane of this land agent	ind title	a if applicable. (NOTE: Re	gistered	Agen	signature re	required when o	ro einstating)			DATE	i i	10.	<u>199</u> 9.	
12.	OFFICERS AND			13.				ADDITIONS/	CHANGE	S TO OF	FICERS			RS IN 12	
TITLE	D		☐ DELETE	1.1 TIT	LE		ļ					XX	Change	☐ Addition	
NAME	'ALESSANDRO, FRANK R				1.2 NAME										
STREET ADDRESS	8801 COLLEGE PKWY SUITE 1			1.3 ST	REET	ADDRESS	4516	Longbo	at L	ane					
CITY-ST-ZIP	FT MYERS FL 33919			1.4 C/I	ry-\$1	-ZIP	Ft.	Myers,	FL_	<u> 33919</u>	<u> </u>				
TITLE	☐ DELETE 2:				2.1 TITLE								Change	☐ Addition	
NAME				2.2 NA	ME			,						ļ	
STREET ADDRESS				2.3 ST	REET	ADDRESS]							Ì	
CITY-ST-ZIP	_			2. 4 CI	TY-S	T- ZIP									
TITLE			☐ DELETE	3.1 TIT	LE	J	J						Change	☐ Addition	
NAME				3.2 NA	ME										
STREET ADDRESS				3.3 ST	REET	ADDRESS								1	
CITY-ST-ZIP				3 4. CI	TY-S	T- ZIP	ļ. ——								
TITLE			☐ DELETE	4.1 TIT	LΕ	ļ							Change	☐ Addition	
NAME				4. 2 N	AME										
STREET ADDRESS				4.3 ST	REET	ADDRESS	1				*				
CITY-ST-ZIP	_			4.4 CIT	TY-S1	-ZIP	L								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or address, with all other like empowered

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Frank R. D'Alessandro Feb.16,199941) 489-3303

Addition

Addition

Change

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90004 033 ***150.00