Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90072 024 ***158.75

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700032647

1. Corporation Name

Principal Flace of Business

PANZARELLA COMPANIES INC.

3145 WILLOW LANE WESTON FI. 33331 US	P.O. BOX 17047 PLANTATION FL 33318			DO NOT WRITE IN 3. Date Incorporated or Qualifed 04/10/1997	HIS SPAC	<u>E</u>	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-090 116	1		died For
21	26			APPLIED FOR			Applicable
Suite, ≠pt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			dditional quired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be > Fees
Zip Country 25 25	Zip 3i	Country		This corporation owes the current year Personal Property Tax.	ar Intangible		⊡No
9. Name and Address of Cur	ren: Registered Agent			10. Name and Address of New Registe	red Agent		.———
		81	Name				
PANZARELLA, ALBRET みよから 3145 WILLOW LANE	7.5	82	Street Arld	ress (P.O. Bo:: Number is Not Acceptable)		···········	
WESTON FL 33331		83					
		84	City		F L 85	Zip (ode
agent. I am familiar with, and accept the ob- SIGNATUF:E Signature, typed or printed in me of registered 12. OFFICERS				ed when reinstating) DA' ADDITI()NS/CHANGES TO OFFICER		ЕСТО	
TITLE PSTD	DELETE	1.1 TITLE	·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nange	Addition
NAME PANZARELLA, ALBERT		12 NAME					_
STREET ADDRESS 1950 SW 56TH AVENUE		1	TADDRESS				
CITY-ST-ZIP PLANTATION FL 33317		14 CTY-S	T-ZIP				
TITLE	☐ DELETE	2.1 TITLE			□c	hange	☐ Addition
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREE	TADDRESS				
CITY-ST-ZIP		2. 4 CITY-5	ST-ZIP				-
TITLE	☐ DELETE	3.1 TITLE			Пс	hange	Addition)
NAME		3.2 NAME]
STREET ADDRESS		1	TADDRESS				
CITY-ST-ZIP	DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP			hange	Addition
TITLE	Deceie	4.1 IIILE 4.2 NAME					
NAME			T ADDRESS				ļ
STREET ADDRESS		4.4 CITY-S					
CITY-ST-ZIP TITLE	☐ DELETE	51 TITLE	-			hange	☐ Addition
NAME		5.2 NAME	ĺ				
STREET ADDRESS		5.3 STREE	T ADDRESS				1
CITY-ST-ZIP		5.4 CMY-S	T-ZIP				
TITLE	☐ DELETE	6.1 TITLE			□c	hange	Addition
NAME		6.2 NAME	}				
STREET ADDRE.3S		6.3 STREE	TADDRESS				

SIGNATURE:

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate d 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 recuired 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.

CR2E034 (11/98)