## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name P97000034064 (0)

T&L DEVELOPMENT INC.

Principal Place of Business Mailing Address

**FILED** May 06 1998 8:00am Secretary of State



7 141 <b>040</b> 07 1 7440	o or pasificas	Walling / Odiross						
6930 SABLE RIDGE LANE NAPLES FL 33109		6930 SABLE RIDGE LANE NAPLES FL 33109						
IMPECO IC S	NIO#	MAPLES PL SSIUS			DO NOT WRITE IN THIS S	SPACE		
					3. Date incorporated or Qualified			
					04/14/1997			
2. Principal Place of Business 2a. Mailing Add			<u> </u>		4. FEI Number		Applied For	
21		26			65-0766051		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27			5. Certificate of Status Desired Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	8		Trust Fund Contribution Added to Fees			
1 212			Country	,	8. This corporation owes or has paid the curr	rent year in	ntangible	
24 34	25	29 34109	30		Personal Property Tax due June 30.	Yes	□ No	
	9. Name and Address of Curren	l Registered Agent		,	10. Name and Address of New Registered /	Agent		
ADI	ra <b>gn</b> a, tilda		81	Name				
6930 SABLE RIDGE LANE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33109			83					
			**					
			84	City	FL	85 Zip	Code	
11 Dura cont	to the provisions of Continue 607 060	2 and CO7 1EO0 Clasida Chat.	too the show					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes								
SIGNATURE								
12.	Signature, typed or printed name of registered age OFFICERS AND			int signature	required when reinstating) DATE	DIDECTO	DO IN 40	
TITLE	D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	ADRAGNA, TILDA	DECERC	1.2 NAME		1165	Orlange		
· ·	6930 SABLE RIDGE LANE			4888508				
STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33109		1.3 STREET		34109			
TITLE	THAT CEOTE GOTOS	DELETE	1.4 CITY - S 2.1 TITLE	1-212		Change	Addition	
NAME		otten			secretary	— cuange	LJ25. Addition	
1			2.2 NAME		Beverly Gervasi Suuo almave Sw			
STREET ADDRESS			2.3 STREET		5440 ale Ale 000			
CITY-ST-ZIP			2. 4 CITY-8	ST-ZIP	Naples, FL 34116		N/ 1489	
TITLE		L. DELETE	3.1 TITLE		Treasure.	Change	-Addition	
NAME			32 NAME		AND			
STREET ADDRESS			3 3 STREET	ADDRESS	6980 6a ble Ridge Ln		1	
CITY-ST-ZIP	<del></del>		3 4. CITY - 9	T-ZIP	Naples, PL 34109			
TITLE		L_ DELETE	4.1 TITLE		VP' LANCES	Change	Addition	
NAME			4. 2 NAME		Leonardo Mariadoria		1	
STREET ADDRESS			4.3 STREET	ADDRESS	rp Leonardo Adragna 6930 Sable Ridase Ln Naples, FL 34109			
CITY-ST-ZIP			4.4 City - S	T- <b>Z</b> IP	Naples FL 34109			
TITLE		☐ DELETE	5.1 TITLE		• •	☐ Change	Addition	
NAME			5.2 NAME	i			l	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	1-ZIP		_	ŀ	
TITLE		DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

14. Thereby 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 suppliemental 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.

LEO ADRAGNA