

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90039 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037151

1. Corporation Name
HENRY D. PALOCI III, P.A.

(\$150)



Principal Place of Business
375 N. MAIN ST.
#114
LABELLE FL 33935

Mailing Address
375 N. MAIN ST.
#114
LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1997

4. FEI Number
65-0752675

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 390 N BRIDGE ST
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip
29

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
390 N BRIDGE ST
83
84 City
FL 85 Zip Code

9. Name and Address of Current Registered Agent
PALOCI, HENRY D III
375 N. MAIN ST.
#114
LABELLE FL 33935

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: [Signature] (NOTE: Registered Agent signature required when reinstating)
DATE: 1-11-99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------|-----------------------|-----------------|--------------------------|
| D | PALOCI, HENRY D III | 10265 N TAMiami TRAIL | NAPLES FL 34108 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

SIGNATURE: [Signature] SIGNATURE REQUIRED
Date: 1-11-99 Daytime Phone #: 94-332-0511

CR2E034 (11/98)