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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## DOCUMENT # **P97000042148**1. Corporation Name

Country

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

24

Zip

ALI CAT GARDELLA, INC.

Principal Place of Business	Mailing Address		
764 E VALLEY DR BONITA SPRINGS FL 34134	764 E VALLEY DR BONITA SPRINGS FL 34134		
i i			

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90028 007 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

05/06/1997 4. FEI Number

59-3450497

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
	DELLA, THOMAS J		82	Street 4	Address (P.O. Box Number is	Not Acceptable)		
	6 Tamiami trail North		02	300007				
Napl	LES FL 34110		83	1				
						·	85 Zip C	ode
			84	City		F	L 85 Zip C	oue
office or re agent. I ar	to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Flori m familiar with, and accept the obligations of	da. Such change was au	ithorized by	the corpo	corporation submits this state ration's board of directors. I	ement for the purpose hereby accept the ap	of changing its i pointment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registered Age	nt signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRE	CTORS	13.		ADDITIONS/CHAN	IGES TO OFFICERS	AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	GARDELLA, ALISON L		1.2 NAME					
STREET ADDRESS	764 E VALLEY DR		13 STREE	T ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY- S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		-		Change	☐ Addition
NAME	GARDELLA, THOMAS J		2.2 NAME					
STREET ADDRESS	764 E VALLEY DR		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2.4 CITY-	ST-ZiP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3 4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-8	ST-ZIP		<u> </u>		
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			<del>-</del>	Change	Addition
NAME			6.2 NAME		,			
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-ZIP			6.4 CITY-8					
44 1 1	certify that the information supplied with this	iling does not qualify for	the exemp	tion stated	in Section 119.07(3)(i), Flor ature shall have the same le	ida Statutes. I further	certify that the ir	nformation

Country

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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: