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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90030 006 ***150.00

DOCU 1. Corporation	MENT # 1-97	0000427	64 V			
James V. Viggiano, Jr., P.A.				* 5 49138 - 90030 - 6 *		
Principal Plac	ce of Business	Mailing Address				
8913	Reachts Park Drive	8912 Pagents P	Parck Dieina			
8913 Regents Park Drive 8913 Regents Park Drive Suite 640 Suite 640				DO NOT WRITE IN THIS SPACE		
Tampa, FL 33647-3030 Tampa, FL 33647-3030				3. Date Incorporated or Qualified		
rampa	, PL 33641-3030	lampa, PL 33	647-3030	5. Bale mes perates of desired		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	App	olied For
21 8913 Regents Park Drive 26 8913 Regents			Park Drive		Not	Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.	<u>-</u>	5. Certifcate of Status Desired	\$8.75 A	
	640	27 Suite 640		0. Ooksida o, easte 200 to	Fee Red	·
City & Sta		City & State		6. Election Campaign Financing	\$5.00	-
$\frac{23}{7}$ I am ρ	Country	28 Tampa FL	Country	Trust Fund Contribution	Added to	rees
24 3364	7-3030 25 USA	29 33647.3030 30		 8. This corporation owes the current year in Personal Property Tax. 		□No -
24 7507	9. Name and Address of Curren		7 0 211	10. Name and Address of New Registered		
			81 Name			
James	& V Vingiano de Es	arise	93 Charat Add	(D.O. Day Number is Not Assentable)		
James V. Viggiano, Jr., Esquire 8913 Regents Park Orive			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
0412	, 640	<i>;</i>	83			-
			24 50		707 75.0	- 4-
lamp.	a, FL 33647-3030		84 City	FL	85 Zip C	ode
office or i	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its r ntment as reg	egistered istered
		10/13 01, Dection 607.0000, Florida	o otatulos.	4-26	,.99	
SIGNATURE	Signature, typed or printed name of registered agen		gistered Agent signature require			
	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (NOTE: Re		d when reinstating) ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN President	at and title if applicable. (NOTE: ReD DIRECTORS	gistered Agent signature require			RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (NOTE: ReD DIRECTORS	gistered Agent signature required		ND DIRECTOR	RS IN 12
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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: