

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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90055 022 \*\*\*150.00

DOCUMENT # P97000050355

1. Corporation Name  
SAMUEL J. MONTESINO, INC.

Principal Place of Business  
240 10TH STREET  
WEST PALM BEACH FL 33401

Mailing Address  
240 10TH STREET  
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/06/1997

4. FEI Number  
65-0759797

Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 1100 N. Olive Avenue

26 1100 N. Olive Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 West Palm Beach, FL

27 City & State  
28 West Palm Beach, FL

Zip  
24 33401

Country  
25 USA

Zip  
29 33401

Country  
30 USA

9. Name and Address of Current Registered Agent

KIESLING, ROBERT  
400 EXECUTIVE CENTER  
SUITE 209  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name  
Samuel J. Montesino, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
1100 North Olive Avenue

83 City

84 City  
West Palm Beach

85 Zip Code  
FL 33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MONTESINO, SAMUEL J  
240 10TH STREET  
WEST PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
Montesino, Samuel J.  
1100 N. Olive Avenue  
West Palm Beach, Florida 33401

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 561-832-3225

CR2E034 (11/98)

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