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FILED
Feb 11, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



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

02-11-1999 90009 022 ***150.00

DOCUMENT # P97000056070

1. Corporation Name
LAW OFFICE OF JOHN J. PANGALLO, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2201 RINGLING BLVD., SUITE 205 SARASOTA FL 34237
Mailing Address: 2201 RINGLING BLVD., SUITE 205 SARASOTA FL 34237

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (22, 27)
Zip (23, 28)
Country (24, 29, 30)

3. Date Incorporated or Qualified: 06/25/1997
4. FEI Number: 65-0740649
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing: \$8.75 Additional Fee Required
7. Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes, No

9. Name and Address of Current Registered Agent
PANGALLO, JOHN J
2201 RINGLING BLVD., SUITE 205
SARASOTA FL 34237

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

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PSTD
NAME: PANGALLO, JOHN J
STREET ADDRESS: 2201 RINGLING BLVD., SUITE 205
CITY-ST-ZIP: SARASOTA FL 34237
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME: [Change] [Addition]
1.3 STREET ADDRESS: [Change] [Addition]
1.4 CITY-ST-ZIP: [Change] [Addition]
2.1 TITLE: [Change] [Addition]
2.2 NAME: [Change] [Addition]
2.3 STREET ADDRESS: [Change] [Addition]
2.4 CITY-ST-ZIP: [Change] [Addition]
3.1 TITLE: [Change] [Addition]
3.2 NAME: [Change] [Addition]
3.3 STREET ADDRESS: [Change] [Addition]
3.4 CITY-ST-ZIP: [Change] [Addition]
4.1 TITLE: [Change] [Addition]
4.2 NAME: [Change] [Addition]
4.3 STREET ADDRESS: [Change] [Addition]
4.4 CITY-ST-ZIP: [Change] [Addition]
5.1 TITLE: [Change] [Addition]
5.2 NAME: [Change] [Addition]
5.3 STREET ADDRESS: [Change] [Addition]
5.4 CITY-ST-ZIP: [Change] [Addition]
6.1 TITLE: [Change] [Addition]
6.2 NAME: [Change] [Addition]
6.3 STREET ADDRESS: [Change] [Addition]
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: _____ JOHN PANGALLO 1-25-99 941-954-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)