## 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

## DOCUMENT # **P97000068199**1. Corporation Name

ROBERT J. PELLEGRINO, P.A.

Principal Place of Business	Mailing Address
3636 DEL PRADO BLVD.	3636 DEL PRADO BL
CAPE CORAL FL 33904	CAPE CORAL FL 339

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

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CAPE CORAL FL 33904 CAPE CORAL FL 33904							**	
					DO NOT WRITE IN	THIS SPACE		1
					3. Date incorporated or Qualifed			[
2. Delevired Direct of Decisions 20. Mailing Address					08/05/1997 4. FEI Number	1 1	. U F	-
Z. Principal P	ncipal Place of Business 2a. Mailing Address				65-0772627	<u> </u>	olied For	- 3
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Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.						quired	
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¬		28	y a State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> ( Added to		
		Zip	Country				71003	1
24			30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
	9. Name and Address of Current		1001	•	10. Name and Address of New Registe			1
****	the state of the s			81 Name				1
	LEGRINO, ROBERT J				(D.O. D., M., L., J. M., A., M., A., M., A., M., M., M., M., M., M., M., M., M., M		<u> </u>	1
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	ering 1					837 + \$1,21148,7747874	ki.jakit	1
				84 City		FL 85 Zip C	ode	
office or r	registered agent, or both, in the State of arm familiar with, and accept the obligat	of Florida: Such change was a ions of, Section 607.0505, Flo	authorized orida Statu	by the corporation test.	poration submits this statement for the purposon's board of directors. I hereby accept the analysis when reinstating to the statement of the purposon's board of directors.	appointment as reg	jistered	
12.	OFFICERS ANI		13.	Agesit algitature require				ļα
TITLE	•				ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12	ļΩ
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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.

SI	G	N	Α	ΓU	IR	E