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 #-P97000074300

A. CANNIZZARO & SONS, INC.

Principal Place of Business

7515 N.W. 42ND COURT

Mailing Address

7515 N.W. 42ND COURT

May 04, 1999 8:00 am Secretary of State

05-04-1999 90174 008 ***150.00

|--|--|

CORAL SPRING	iS FL 33065	CORAL SPRINGS FL 33065				50 4107 11/2175 11 71 110 010		, '	
						DO NOT WRITE IN THIS SP/ 3. Date Incorporated or Qualifed	ACE		
						08/27/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	JIA	pplied For	
21		26				65-0783585		lot Applicable	!
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$		Additional	ı
22		27				5. Certifcate of Status Desired	Fee R	Required	
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	May Be	ı
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	ıtry		8. This corporation owes the current year Intangi		57 1	ļ
24	25	29 30	<u> </u>				Yes	No.	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Age	nt		
CAN	NIZZARO, MICHAEL J			_ا``	- Name				
	N.W. 42ND COURT		82 Street Address (F			ess (P.O. Box Number is Not Acceptable)			,
	AL SPRINGS FL 33065		[
		•	[·			ı
				84	City	FL ⁸	5 Zip	Code	
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the ab	0.48-1	named como	pration submits this statement for the purpose of char	naina it	s registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	orized	by th	ne corporation	n's board of directors. I hereby accept the appointme	ent as r	egistered	
	m familiar with, and accept the obliga					1, ~		ļ	
SIGNATURE	Signature, typed or printed name of registered ager	it and title (applicable. (NOTE: Re	raistered A	Agen s	ቂል signature required	when reinstating) 4- 23:90			_
12.		D DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	8
TITLE	D	☐ DELETE	1.1 TITE	Æ			Change	☐ Addition	CR2E034 (11/98)
NAME	CANNIZZARO, MICHAEL J		1.2 NAN	ME.				}	æ
STREET ADDRESS	7515 N.W. 42ND COURT		1.3 STR	REETA	ADDRESS			-	8
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 C/I	Y-ST-2	ZIP				8
TITLE		☐ DELETE	2.1 TITL	.E	ĺ		Change	☐ Addition {	O
NAME			2.2 NAM	ME				ļ	
STREET ADDRESS			2.3 STR	REET A	ADDRESS			}	
CITY-ST-ZIP			2. 4 CIT	Y-ST-	-ZIP				
TITLE		☐ DELETE	3.1 TITL	Æ.			Change	☐ Addition	
NAME			3.2 NAM	ΝE	}			İ	
STREET ADDRESS			3.3 STR	REET A	ADDRESS				
CITY-ST-ZIP			3.4. CIT		ZIP		<u>~</u>	First & at disk-	
TITLE		☐ DELETE	4.1 TITL			Ŋ	Change	Addition	
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITS		ZIP		Change	C & didition	
TITLE		L'1 DELETE	5.1 TITL 5.2 NAM				Change	Addition	
NAME CYPET ADDOCES					VDDRESS			İ	
STREET ADDRESS			5.4 CITY					Ì	
CITY-ST-ZIP TITLE		DELETE	6.1 TITL				Change	Addition	
NAME		El percic	6.2 NAM		}		J		
STREET ADDRESS			_	_	ADDRESS	·	بير ۾ سرر	- CANADA	2
			6.4 CiTY		Ī				
CITY-ST-ZIP			5,75,1	. 5,-2					

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: