## 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 # P97000079831

## **FILED** Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90022 004 \*\*\*150.00

MICHELE MAURO, INC.								1 (881158) (18 18111 18811 88111 88111 88111 8	ANDIS 20010 20107 EDS	
				•						
Principal Place	e of Business	Mailing Add	dress					I IDDIIA DI CED IDELL IDDII DALLI DULLI BALLI	18311 60 010 18101 1411	<b>00</b> 11401 1601 1001
5900 JOHNSON ST 5900 JOHNSON ST										
HOLLYWOOD FL 33021-5638 HOLLYWOOD FL 33021-5638								DO NOT WRITE IN T	HIS SPACE	
							-	3. Date Incorporated or Qualifed	TIO OF ACE	<del></del>
								09/15/1997		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	A	pplied For
21		26	26				İ	65-0781259		lot Applicable
Suite, Apt.	#, etc.	<del>⊢</del> ,	Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	27 City & 5	City & State					6. Election Campaign Financing	\$5.00	May Be
23		·	28					Trust Fund Contribution		to Fees
Zip	Country	Zip		_	untry			8. This corporation owes the current year	r Intangible ☐ Yes	1
24	25	29		30	_			Personal Property Tax.  10. Name and Address of New Registe		No
	9. Name and Address of Currer	it Registered Aç	gent		81	Name		10. Name and Address of New Registe	ou Agent	···
MAURO, MICHELE 5900 JOHNSON ST					82	Stree	t Address	s (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021-5638			,	83			<u> </u>	<u>ar a sala da a.</u> Artinggi ya	**** *********************************	
										7 7 18 7 19
					84	,			FL       `	Code
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 age	et and title if applicable	(NOTE:	Registere	d Agen	t sionature	required wh	nen reinstating) DATI	Ē	
12.		D DIRECTORS	(1072	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PSD		☐ DELETE	1.1 T	TTLE				☐ Change	Addition
NAME	MAURO, MICHEL 🎉			1.2 N	IAME		1			
STREET ADDRESS	8890 NW 13TH ST			1.3 S	TREET	ADORES	s		٠.,	
CITY-ST-ZIP	PEMBROKE PINES FL 33024-4	1719		1.4 0	CITY- ST	T- ZIP				
TITLE			☐ DÉLETE	2.1 T					☐ Change	e
NAME					AME					
STREET ADDRESS						ADDRESS	S		•	ļ
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TITLE NAME					AME					
STREET ADDRESS						ADDRESS	s			25-58 71-57
CITY-ST-ZIP	·			1	CITY-S				87.	
TITLE			☐ DELETE	4.1 T	TITLE				☐ Change	Addition
NAME				4.21	NAME				·	
STREET ADDRESS		•		4.3 9	STREET	ADDRESS	s	•		
CITY-ST-ZIP			(7)	_	CITY-S	T-ZIP	_		Псь	Addition
TITLE			☐ DELETE		ITLE				☐ Change	Addition
NAME					NAME	ADDRESS		•	;	
STREET ADDRESS	·.				CITY-SI		٦)			
CITY-ST-ZIP	,		DELETE	_	ITLE	,- 211	+		☐ Change	Addition
TITLE				•	NAME					
NAME	*					ADDRES	s ·	• • •		
STREET ADDRESS	1					-	1			I

6.4 CITY-ST-ZIP 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: