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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000079929
4 Corporation Name	

ANGELA TURANICZO INSURANCE AGENCY INC.

Principal Place	of Business	Mailing Address			T (BB)(BB) and albu (CB)( BB)(a deina bb)(a a	<b>60</b> 111 10000 10110 10110 1	1818 1811 1881	
6550 102ND AVE - 6550 102ND AVE			,					
#7		#7						
PINELLAS PARK FL 33782 PINELLAS PARK FL 33782			DO NOT WRITE IN THIS SPACE					
US		US			3. Date Incorporated or Qualifed			
		1 - 44 W A 44	_		09/12/1997 4. FEI Number		-Vad Eas	
<u> </u>	Principal Place of Business  2a. Mailing Address			59-3459781	<del>      '</del>	olied For Applicable		
21	26 Cuito Apt. # ala			<u> </u>	\$8.75 A			
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Certificate of Status Desired	Fee Re		_	
City & State		27 City & State			6. Election Campaign Financing	\$5.00	<del></del>	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Countr	v	8. This corporation owes the current year	ar Intangible		
24	25	29	30	-	Personal Property Tax.	Yes	□No T	
24	9. Name and Address of Current				10. Name and Address of New Registe	red Agent		
· · · · · · · · · · · · · · · · · · ·			. 8	Name	•			
	ANICZO, ANGELA		8:	Ctroot Ade	fress (P.O. Box Number is Not Acceptable)			
	102 AVE NO 7		04	Stieet Auc	iless (F.O. Box Number is Not Acceptable)			
PINE	LLAS PARK FL 33782		8:	3				
		*	_			lor Zin C	'edo	
			8	City		FL 85 Zip C	,oue	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the purpos	se of changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a	uthorized b	v tne corporat	ion's board of directors. I hereby accept the a	ippointment as reg	gistered	
	II lamiliai with, and accept the obligation	MIS 01, 0004011 001.0000, 110	,,,	<del>-</del> .				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature requi	red when reinstating) DAT			á
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			Š
TITLE	P		1.1 TITLE			Change	☐ Addition	
NAME	TURANICZO, ANGELA 12					Criange		
STREET ADDRESS	407 40471 4157 40			:		onlarige		7
1 1			1.2 NAME 1.3 STRE	ET ADDRESS		Gliange		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY-ST-ZIP	137 104TH AVE ., #2 TREASURE ISLAND FL 33706			ET ADDRESS				, , , , , , , , , , , , , , ,
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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.

SIGNATURE: