

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000084923**

1. Corporation Name

TROMBINO & ASSOCIATES, INC.

Principal Place of Business

761 NW 4TH COURT
BOCA RATON FL 33432

Mailing Address

761 NW 4TH COURT
BOCA RATON FL 33432

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90006 009 ***150.00

08-19-1999 90009 009 ***400.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0782502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

761 NW 4th Ct

Suite, Apt. #, etc.

Boca Raton Fla

City & State

33432

Zip

Country

24

2a. Mailing Address

761 NW 4th Ct

Suite, Apt. #, etc.

Boca Raton

City & State

Fla

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STAMBAUGH, REGINALD G ESQ.
1400 CENTREPARK BLVD., SUITE 860
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

same as . 9

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **TROMBINO, MICHAEL**
STREET ADDRESS **761 NW 4TH COURT**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD** ☐ DELETE

NAME **TROMBINO, SUZANNE**
STREET ADDRESS **761 NW 4TH COURT**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NONE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NONE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Daytime Phone #

0074293

CR2E034 (5/99)