Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90155 015 \*\*\*158.75

## 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** 

<ol> <li>Corporation</li> </ol>	CAMPANILE, JR., P.A.	JU9U814						
Principal Place of Business Mailing Address						( )00 1001 112 10(11 0011 0011 00111 00111		
546 SPINNAKER 546 SPINNAKER								
WESTON FL 33326-2942 WESTON FL 33326-2942			12					
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 10/22/1997		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0788690		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27				2. Columnia of energy programs and engineering		quired
City & State	е	City & State	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country			8. This corporation owes the current year Intangible  Personal Property Tax Yes No		
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered		LINO
	9. Name and Address of Curre	nt Registered Agent	l	81	Name	10. Name and Address of New Registered	Agent	
) FW	IS, HAROLD L			01	Maille			
2 SOUTH BISCAYNE BLVD.				82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
1 BISCAYNE TOWER STE. 3660				83				
MIAMI FL 33131				03				
IVIE W				84	City	F	85 Zip (	Code
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change water attended to the state of the section 607.0505.	as authorized , Florida Statu	ites.	ine corporat	poration submits this statement for the purpose of the purpose of the port of directors. I hereby accept the approach when reinstaling)  DATE	of changing its ointment as re	registered gistered
40	Signature, typed or printed name of registered ag	ND DIRECTORS	NOTE: Registered	Agen	t signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	D OFFICERS A	DELETI				ADDITIONS/OFFICE TO STY TO ENG 7	Change	Addition
	CAMPANILE, LOUIS R JR.			12 NAME			_	
NAME	546 SPINNAKER			_	VIDDE66			
STREET ADDRESS	WESTON FL 33326-2942			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP	DELETE			2.1 TITLE			Change	☐ Addition
TITLE			2.2 NA		İ	• .		_
NAME					ADDRESS			,
STREET ADDRESS			· 1		ì			
CITY-ST-ZIP TITLE	DELETE			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
			3.2 NA					
NAME					ADDRESS			
STREET ADDRESS			3.4. CI					}
CITY-ST-ZIP TITLE		☐ DELETI			1-21		] Change	☐ Addition
		_ : ::::	4.2 N					
NAME STREET ADDRESS					ADDRESS	•		ŀ
STREET ADDRESS			4.4 CF			·		
CITY-ST-ZIP TITLE		□ DELETI				· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CF	TY-51	T-ZIP			
TITLE	<u> </u>	☐ DELET					Change	☐ Addition
NAME			6.2 NA	ME		•		

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 attaches in 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 attaches in 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 attaches of the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OV. CAMPANILE