Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90205 019 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096692

1. Corporation Name

CTRICKLAND AND CIANNINI - DAKE CENTER - P. A.

	AND AND GIARRING CAR	OCNTEH TO A				
Principal P ace	e of Business	Mailing Address		I IMMINOR CONTROL INC. INC. INC. INC. INC. INC. INC. INC.	im imrem metem mer	IE IBITE TIEL TOEL
8620 S. TANIAI		5570 BEE RIDGE RD				
SARASOTA FL 34238		C-2				
		SARASOTA FL 34233			DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualifed 11/10/1997		
2. Principa Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0792907	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional
22		27		5. Geraldate of Status Desired	Fee F	tec uired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added	tc Fees
Zíp	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 3	0	Personal Property Tax.	Yes	
	9. Name and Add ess of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
1400	204 514		81 Name	David M. Silberstein, Esq.		
MOSCA, F M				ddress (P.O. Box Number is Not Acceptable)		
100 WALLACE AVENUE				c/o Kirk Pinkerton		
SUITE 240			83	220 G 41 O A		
SAR	ASOTA FL 34237			720 South Orange Avenue	. 85 Zip	Code
				Sarasota, F	L 3	4236
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Elogida statu es	, the above-named o	poration submits this statement for the purpose	of changing it	s registered
office or re	egistered agent, or both, in the State om familiar with, and accept the obligat	Florida Such en fings was aut	horized by the corpor	ation's board of directors. I hereby accept the app	ointment as r	egistered
			avid M. Sill	perstein 4/26/99		
SIGNATURE	Signature: types or privid narife of registered agent		Legistered Agent signature req			———
		(NOTE: I	registered regain adjudicing tod			
12.	OFFICERS ANI		13.	ADDITIC NS/CHANGES TO OFFICERS	ND DIRECT	OFS IN 12
12.					ND DIRECT	
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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 a hual 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 attackment with an address, with all other like empowered.

SIGNATURE:

Alessandro A. Giannini

(941) 377-8028