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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000003644

1. Corporation Name

EDWARD J. DOMANICO & ASSOCIATES INC.

Principal Place of Business

2809 OAKPARK CIRCLE
DAVE FL 33328

Mailing Address

2809 OAKPARK CIRCLE
DAVE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

4. FEI Number

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2665 PALMER PLACE

Suite, Apt. #, etc.

22 WESTIN

City & State

23 FLORIDA

Zip

24 33332

Country

25 USA

2a. Mailing Address

26 2665 PALMER PLACE

Suite, Apt. #, etc.

27 WESTIN

City & State

28 FLORIDA

Zip

29 33332

Country

30 USA

9. Name and Address of Current Registered Agent

DOMANICO, EDWARD J
2809 OAKPARK CIRCLE
DAVE FL 33328

10. Name and Address of New Registered Agent

81 Name EDWARD J. DOMANICO

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

2665 PALMER PLACE

83

84 City WESTIN

FL

85 Zip Code 33332

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PRESIDENT

STREET ADDRESS EDWARD J. DOMANICO

CITY-ST-ZIP 2665 PALMER PLACE

CITY-ST-ZIP WESTIN FL 33332

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME SER & TREAS.

1.3 STREET ADDRESS EDWARD J. DOMANICO

1.4 CITY-ST-ZIP 2665 PALMER PLACE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)