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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800009272 1. Corporation Name

VINCENT J. ALTINO, P.A.

	Principal Place of Business	Mailing Address
	2101 WEST COMMERIAL BOULEVARD	2101 WEST COMMERIAL BOULEVARI SUITE 4100
į	FT LAUDERDALE FL 33309	FT LAUDERDALE FL 33309
ı	,	

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90069 038 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/29/1998 2. Principal Place of Business 2a. Mailing Address Applied For 15-081 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite: Apt. #. etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country Zip Zip 8. This corporation owes the current year Intangible No. 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALTINO, VINCENT J ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) **12101 WEST COMMERIAL BOULEVARD SUITE 4100** 83 FT LAUDERDALE FL 33309 Zip Code 84 City 85 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 requi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE P/V/T/S TITLE ALTINO, VINCENTS. 2101 W. COMMERCIAL BLUD. SUITE 4100 12 NAME NAME ALTINO, VINCENT J 2101 WEST COMMERIAL BOULEVARD SUITE 4100 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33309 FT LAUDERDALE FL 33309 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 3.1 TITLE Change TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

☐ DFLETE

Change

☐ Addition