## 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

## DOCUMENT # P98000017807

1. Corporation Name

CICANESE SERVICES, INC.

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90085 037 \*\*\*150.00

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					_	_
Principal Place of Business Mailing Address						
39381 WASHING PUNTA GORDA	GTON LOOP ROAD FL 33982	39381 WASHINGTON LOOF PUNTA GORDA FL 33982	ROAD			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
O Di tot Disso (Disso)						02/24/1998 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address				
21		26				65-0836546   Not Applicable   \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		27 City & State				
City & State	9	— ·	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	Zip Country				8. This corporation owes the current year Intangible
	25	29	30			Personal Property Tax.
24	9. Name and Address of Curren		30	ľ		10. Name and Address of New Registered Agent
	5. Name and Address of Correct	, , ,	_	81	Name	
CICA	ANESE, WILLIAM C					
	NASHINGTON LOOP ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	TA GORDA FL 33982	•		83	_	
	40,15,112 00002					
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove	-named corpo	pration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	ו אם ו	the corporatio	n's board of directors. I hereby accept the appointment as registered
	III lamilar with, and accept the conga		*			
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	Registered	Agen	t signature required	
	OFFICERS AN	D DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE "S.	1D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	1.1 TI	TLÉ		☐ Change ☐ Addition
NAME	CICANESE, WILLIAM C		1.2 N	ME		
STREET ADDRESS 39381 WASHINGTON LOOP ROAD			1.3 \$	REET	ADDRESS	
CITY-ST-ZIP	Punta Gorda FL <u>33982</u>		1.4 CI	TY-ST	T-ZIP	
TITLE		☐ DELETE	2.1 Ti	ΠE		☐ Change ☐ Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 \$	REET	ADDRESS	
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TITLE		☐ DELETE	3.1 TI	πE		☐ Change ☐ Addition
NAME			3.2 N	ME	ľ	
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 Ti	TLE		☐ Change ☐ Addition
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CITY-ST-ZIP			4.4 C	TY-\$1	T-ZIP	
TITLE		☐ DELETE	5.1 T	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME		1000 1000 1000 1000 1000 1000 1000 100
STREET ADDRESS			5.3 \$	TREET	T ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			5.4 C	TY-S1	T-ZIP	
TITLE		. DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS	• ,		6.3 8	REET	ADDRESS	
J			640	TV ET	T 710	

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, with all other like empowered.