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 # P98000026649

1. Corporation Name

CARL FERRARO & ASSOCIATES, INC.

Principal	Place	of	Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90011 040 ***150.00



.620 PONY COURT .WINTER SPRINGS FL 32708 620 PONY COURT WINTER SPRINGS FL 32708					DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE			
		O Marine Address				03/18/1998 4. FEI Number	1 1 45	plied For	
}	ace of Business	2a. Mailing Address				59-3499160	<u> </u>	t Applicable	
21 Suite Ant	#, etc	26 Suite, Apt. #, etc					\$8.75-		
22	<i>A</i> , 500.	27				5. Certifcate of Status Desired	Fee Re		
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year in			
24	25		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent		64		10. Name and Address of New Registered	Agent		
EEDS	DADO CADI M			81	Name				
FERRARO, CARL M 620 PONY COURT				82 Street Address (P.O. Box Number is Not Acceptable)					
	TER SPRINGS FL 32708			83					
							···		
ļ			ļ	84	City	FL	85 Zip C	Code	
l office or re	egistered agent, or both, in the State of m familiar with, and accept the obligate Standard, by the state of registered agents.	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized da Statu	by th tes.	ne corporation		entment as req	gistered ———	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TAT				☐ Change	Addition	
NAME	FERRARO, CARL M		1.2 NA						
STREET ADDRESS	620 PONY COURT				ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL 32708	☐ DELETE	1.4 CIT		ZIP		☐ Change	Addition	
TITLE	PVST	☐ DECE IE	2.1 TIT		ľ		CT Change		
NAME	FERRARO, CARL M 620 PONY COURT.		2.2 NA		ADDRESS				
STREET ADDRESS	WINTER SPRINGS FL 32708		2. 4 CI		ĺ				
TITLE	THITTEH OF THITCO : 2 027 00	☐ DELETE	3.1 TIT				☐ Change	☐ Addition	
NAME			3.2 NA	ME				ĺ	
STREET ADDRESS			3.3 STF	REETA	ADORESS			İ	
CITY-ST-ZIP			3.4. CI	TY-ST-	-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE			☐ Change	☐ Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STI	REET A	ADDRESS			}	
CITY-ST-ZIP		——————————————————————————————————————	4.4 CIT		ZIP			☐ Addition	
TITLE		☐ DELETE	5.1 TIT				Change	Addition	
MANC			5.2 NA	ME					

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 chapted, or on an attachment with an address, with all priver like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition