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 # P98000030684 1. Corporation Name

GARY GAGLIARDI, P.A.

Principal Place of Business 4748 NORTH CONGRESS AVENUE SUITE 102 BOYNTON BEACH FL 33462

Mailing Address

4748 NORTH CONGRESS AVENUE SUITE 102 **BOYNTON BEACH FL 33462**

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90047 047 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 04/02/1998	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	Applied For
21	26				65-0824388	Not Applicable
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intaggible
24	25 29 3				Personal Property Tax.	∠Z(Yes □No
	9. Name and Address of Curre		,		10. Name and Address of New Register	ed Agent
GAGLIARDI, GARY 4748 N. CONGRESS AVE., SUITE 102			81	81 Name		
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33462			83		The state of the s	all a service de l'alia.
r		•		ļ	<u> </u>	第二年1月11日,建盟
	*		84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
office or	at to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was au	uthorized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	e of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Age	nt signature requi	ired when reinstating) (1) S DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	GAGLIARDI, GARY		1.2 NAME			
STREET ADDRES	1	NUE SUITE 101	1.3 STREE	TADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33462		1.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME		•	
STREET ADDRES	s ·		23 STREE	TADORESS		
CITY-ST-ZIP	The state of the	ny afry sing in . I make the .	2. 4 CITY-	1		
TITLE	23	DELETE	3.1 TITLE	31-20		Change Addition
NAME			3.2 NAME		•	4
STREET ADDRES		. 12		T ADDRESS		
CITY-ST-ZIP	TAGOREPHEN FLOOR	,				
TITLE	 	☐ DELETE	3.4 CITY-1	31-ZIP"		☐ Change ☐ Addition
A1A44E		~c.r	4.2 NAME			C overage C variation
NAME	State State Control			T ADDRESS }		
STREET ADDRESS	Partie to the second	gir i t				
CITY-ST-ZIP TITLE	 	DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP	<u></u>	☐ Change ☐ Addition
		□ nere is	5.1 HILE 5.2 NAME			Charide Thydoldon
NAME				TADORESS	**************************************	
STREET ADDRESS	s)			ſ		
CITY-ST-ZIP	\$55.33.70	FT SCIETE	5.4 CITY-S	1-214		Change CALLS
TITLE	THE POST OF CONTROL OF	DELETE DELETE	6.1 HISLE	1		Change Addition
NAME	 Brigger from the first law its law. 	the same says to the same				
STREET ADDRESS				TADDRESS		
CITY-ST-7IP			6.4 CITY-S	T-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 copporation 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 attach truth an address, with all other like empowered.

SIGNATURE