

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90027 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 # P98000032938

1. Corporation Name

JOHN GAUDIOSI, P.A.

Principal Place of Business

~~3732 NW 16TH STREET~~
~~FORT LAUDERDALE FL 33314~~
3801 NO. FEDERAL HWY.
POMPANO BEACH, FL 33064

Mailing Address

~~3732 NW 16TH STREET~~
~~FORT LAUDERDALE FL 33314~~
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

65-0834086

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 Fees**8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

9. Name and Address of Current Registered Agent

~~FILINGS, INC.~~
~~6732 N.W. 16TH STREET~~
~~FT. LAUDERDALE FL 33314-4182~~

10. Name and Address of New Registered Agent

81 Name **JOHN GAUDIOSI**
82 Street Address (P.O. Box Number is Not Acceptable)
3801 NO. FEDERAL HWY.
83
84 City **POMPANO BEACH FL** **85** Zip Code **33064**

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 required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GAUDIOSI, JOHN	
STREET ADDRESS	3801 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO FL 33064	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
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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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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	

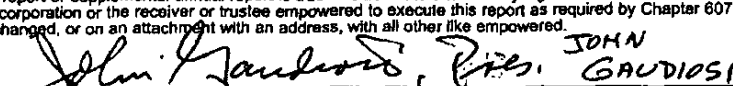
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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, or 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 #

4/30/99 **954/985-1300**

CR2E034 (11/98)