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 # P98000033019

1. Corporation Name

D'AMICO PROFESSIONAL SERVICES, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90001 009 ***158.75



	<u> </u>							
Principal Place of Business Mailing Address							and the state of t	
8330 CHATSWORTH STREET 8330 CHATSWORTH STREET				₹T				
SPRING HILL FL 34608 SPRING HILL FL 34608							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
ſ							04/09/1998	
2. Principal Place of Business 2a. Mailing Addres			ailing Address				4. FEI Number Applied For	
<u> </u>			6				Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional	
22			7				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	Zip Country Zip			Country			8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes No	
	9. Name and Address of Currer	t Register	ed Agent				10. Name and Address of New Registered Agent	
					81	Name	1	
D'AMICO, ALPHONSE					82	Street Add	fress (P.O. Box Number is Not Acceptable)	
8330 CHATSWORTH STREET					Street Address (1.5. Box Hamber to Front Address of			
SPRING HILL FL 34608					83			
					84	City	85 Zip Code	
					64	City	FL S Ep sous	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.	1508, Florida Statut	es, the al	ove	-named corp	poration 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 ection 607.0505. Flo	utnonzeo rida Statu	by ites.	tne corporat	ion's board of directors. I hereby accept the appointment as registered	
·	in lammar with, and accept the conge		,					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					Agen	t signature requir	red when reinstating) DATE	
12.	OFFICERS AN	ID DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V CD PADSIONIVI		1.1 π	ľΕ		VICE DRES IDENT Change Addition		
NAME JANINE C. TUMANISZWILL			1.2 NA	12 NAME SANWE C. TUMAN ISZWILI				
STREET ADDRESS 8330 Chatsworth St.				1.3 ST	1.3 STREET ADDRESS 833		8330 Chatsworth St	
CITY-ST-ZIP	Spring Hill FL. 3	<u>4608 </u>		1.4 CF	TY-\$1	r-zip	Spring Hill FL 34608	
TITLE	' 3		☐ DELETE	2.1 TF	2.1 TITLE		↑ Dange Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 ST	REET	ADORESS		
CITY-ST-ZIP				2.4 C	TY-S	T-ZIP		
TITLE			□ DELETE	3.1 TT	LE		☐ Change ☐ Addition	
NAME	-			3.2 N	ME	-		
STREET ADDRESS				3.3 \$1	REET	ADDRES\$		
CITY-ST-ZIP		_		3.4. C				
TITLE			☐ DELETE	4.1 TT	ΠE	.	☐ Change ☐ Addition	
NAME				4.2 N	AME			
STREET ADDRESS				4.3 ST	REET	ADDRESS		
CITY-ST-ZIP				4.4 CI	TY-SI	T-ZIP		
TITLE		_	☐ DELETE	5.1 TI			☐ Change ☐ Addition	
NAME				5.2 N/				
STREET ADDRESS				5.3 ST	REET	ADDRESS		
CITY-ST-ZIP	<u></u>			5.4 CI		T-ZIP		
πLE			□ DELETE	6.1 77	RΕ		☐ Change ☐ Addition	
NAME	<u> </u>			6.2 N	ME			
STREET ADORESS)			6.3 \$7	REE	ADDRESS		
I	Ť.			6.4 CI	TY-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 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:

GNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 727-433-4355