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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033498

1. Corporation Name
ANDREOZZI ASSOCIATES, INC.

Principal Place of Business
2621 SE HAMDEN ROAD
PORT ST. LUCIE FL 34952-5220

Mailing Address
2621 SE HAMDEN ROAD
PORT ST. LUCIE FL 34952-5220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1998
4. FEI Number: ☐ 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 1794 SE lullaby
Suite, Apt. #, etc.
22 TERR
City & State
23 Port Saint lucie
Zip
24 34952
Country
25 FL.

2a. Mailing Address
26 1794 SE lullaby TERR.
Suite, Apt. #, etc.
27
City & State
28 Port Saint lucie
Zip
29 34952.
Country
30 FL.

9. Name and Address of Current Registered Agent
ANDREOZZI, DONALD A
2621 SE HAMDEN ROAD
PORT ST. LUCIE FL 34952-5220

10. Name and Address of New Registered Agent
81 Name: Andreozzi Associates, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1794 SE lullaby TERR
83 Port Saint lucie
84 City: FL 85 Zip Code: 34952

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] — Signature, typed or printed name of registered agent and title if applicable — DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	ANDREOZZI, DONALD A		1.2 NAME	AnDREozzI., Donald A.
STREET ADDRESS	2621 SE HAMDEN ROAD		1.3 STREET ADDRESS	1794 SE lullaby TERR.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952-5220		1.4 CITY-ST-ZIP	Port St lucie FL 34952.
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Donald A. Andreozzi — 2/15/99 — 561-398-2437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #