PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035060

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90093 006 \*\*\*150.00

1. Corporation Name							
ED TERZO & SONS, INC.							
Principal Place of Business Mailing Address							- FEBRESS IND IBID LORGE CONT. DELIN CONT. SUICE INDI DIIN COURT CONT. CARL
481 CACTUS CIRCLE 481 CACTUS CIRCLE							1
BOCA RATON FL 33487 BOCA RATON FL 33487							DO NOT WRITE IN THIS SPACE
•							3. Date Incorporated or Qualified
ł							04/17/1998
2. Principal Place of Business 2a, Mailing Address							4. FEI Number Applied For
21 26			, Interior & Proceedings	January Francisco			05-0831135 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional
22 27							5. Certificate of Status Desired Fee Required
City & State City & State						<del></del>	6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip	Country			- 1	Country 8. This corporation owes the current year Intangible		
24	25	29					Personal Property Tax. Yes No
	9. Name and Address of Curren	t Regis	stered Agent		-7		10. Name and Address of New Registered Agent
414	ON ALEKTO			8	1	Name	<u>.</u>
AMERILAWYER					2	Street Addre	ess (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE						<u> </u>	
CORAL GABLES FL 33134					3		[ ]
					84 City FL 85 Zip Code		
					Ц.	<del></del> _	
11. Pursuant to the provisions of Sections 507.0502 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, tread or orbital name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)  DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					er a	migratura cadrases	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD			1.1 TITLE	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
NAME	TERZO, EDMUND JR.		·	1.2 NAME			
STREET ADDRESS!	l adamia amaia		1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	141111111111111111111111111111111111111		1.4 CITY-ST-ZIP		-ZIP	60 12 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
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CITY-ST-ZIP			2.4 CITY-ST-ZIP				
-IIILE			3.1 MLE 2		-	Change Addition	
- NAME			<del></del>	32 NAME			
STREET ADDRESS				3.3 STREE		ADDRESS	
CITY-ST-ZIP			3.4. CITY-		-ZP	☐ Change ☐ Addition	
TITLE	i I		4.1 TITLE		ľ	☐ Change ☐ Addition	
			4. 2 NAME		-		
V. 12-11-11						ADDRESS	
U111-01-0				4.4 CITY-:	_	.ZIP	☐ Change ☐ Addition
TITLE			TH DETELE	5.1 TITLE 5.2 NAME			Control Control
NAME						ADDRESS	
CTDEET ADDRESS				اعتداد ودوا	- 1	AUUNEGO 1	I 1

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 turther certify that the information indicated on this annual report or suppliemental 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.

DELETE

5.4 CITY- ST-ZIP

6.3 STREET ADORESS

64 CITY-ST-ZIP

6.1 TITLE

8.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME

3/07/99 561-265-8288

Addition

#1

1000

☐ Change