FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

AMATUCCI DIESI AND ASSOCIATES INC

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90032 019 ***150.00

AWATOC	OI, DIESE AND ASSOCIATI	EG, 114G.						
							d dyn ig b il ig i bill ig i)
Principal Plac	e of Business	Mailing Address						
555 W. GRANADA BLVD A-6 S55 W. GRANADA BLVD A-6 ORMOND BCH FL 32174 ORMOND BCH FL 32174								:
			4			DO NOT WRITE IN THI	S SPACE	i .
						3. Date Incorporated or Qualifed	_	
						07/29/1998		
Principal Place of Business 2a. Mailing Address				*		4. FEI Number	Ap	olied For
21		26				54-3526038	No	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
		27				J. Continues of Citation Decision	Fee Re	qu <u>ir</u> ed
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	•
23		28			_	Trust Fund Contribution	Added t	Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year I	ntangible	TANO
24	25	29	30	1		Personal Property Tax.		Tatio
	9. Name and Address of Curre	nt Registered Agent		04	Alama A	10. Name and Address of New Registere	Agent	-
	THOOL IOUNINA			81	Name A	MATUCCI. JOHN W.		
AMATUCCI, JOHN W W				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		:-
	W. GRANADA BLVD., A-6				_		_	
OHM	IOND BCH FL 32174			83				
				84	City		. 85 Zip C	ode
				1 1	-	Foration submits this statement for the purpose		
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13.	d Agent :	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 T	TTLE			Change	Addition
NAME	AMATUCCI, CONNIE M		1.2 N	AME	1			
STREET ADDRESS	342 PINE WOODS RD.		1.3 \$	TREET A	VDDRESS			
CITY-ST-ZIP	ORMOND BCH FL 32174			ITY-\$T-	ZIP			
TITLE	D	☐ DELETE	2.1 T	₹TLE			☐ Change	Addition Addition
NAME	AMATUCCI, JOHN W		2.2 N	AME		•		
STREET ADDRESS	342 PINE WOODS RD.		2.3 \$	TREET	ADORESS			
CITY-ST-ZIP	ORMOND BCH FL 32174	<u> </u>		CITY-ST	- Z!P			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	D	☐ DELETE	3.1 T	ITLE			Change	Addition
NAME	DIESL, ERIC T		3.2 N	IAME				
STREET ADDRESS			3.3 S	TREET A	ADORESS .			
CITY-ST-ZIP	PALM BCH FL 32137			CITY-ST	-Z!P	·	[Char	["] Addising
TITLE	D	☐ DELETE			}		Change	Addition
NAME	DIESL, H. BRUCE			NAME				
STREET ADDRESS					NOORESS			'
CITY-ST-ZIP	PALM COAST FL 32137	☐ DELETE		HTY-ST-	ZIP			
TITLE	1		· ■ 51T				Channe	☐ Addition
NAME	1			TILE			☐ Change	Addition
STREET ADDRESS			5.2 N	IAME	a problege		☐ Change	☐ Additio
		□ bereie	5.2 N 5.3 S	IAME TREET A	ADORESS		☐ Change	Addition
CITY-ST-ZIP			5.2 N 5.3 S 5.4 C	AME TREET A STY-ST-	1			-
TITLE		☐ DELETE	5.2 N 5.3 S 5.4 C	IAME TREET A HTY-ST- TTLE	1		☐ Change	Addition
TITLE NAME			52 N 53 S 54 C 6.1 T 6.2 N	IAME TREET A SITY-ST- TILE IAME	ZIP			-
TITLE			5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	IAME TREET A SITY-ST- TILE IAME	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: