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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90115 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000075889

1. Corporation Name
GAGLIARDI PROPERTIES CORP.



Principal Place of Business
~~2190 MAIN STREET~~
~~SARASOTA FL 34237~~

Mailing Address
2190 MAIN STREET
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1103 FLORIDA AVE**

2a. Mailing Address
 26 **1103 FLORIDA AVE**

Suite, Apt. #, etc.
 22 **STE. 4**

27 **STE. 4**

City & State
 23 **PALM HARBOR FL**

28 **PALM HARBOR FL**

Zip Country
 24 **34683** 25 **US**

29 **34683** 30 **US**

3. Date Incorporated or Qualified
08/31/1998

4. FEI Number
65-0861962

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

9. Name and Address of Current Registered Agent
JAENSCH, P. CHRISTOPHER
~~2190 MAIN STREET~~
~~SARASOTA FL 34237~~
NO LONGER REGISTERED AGENT

10. Name and Address of New Registered Agent

81 Name
ROSE M. JENKINS

82 Street Address (P.O. Box Number is Not Acceptable)
1103 FLORIDA AVE, STE. 4

83

84 City
PALM HARBOR FL 85 Zip Code
34683

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 *Rose M. Jenkins* **ROSE M. JENKINS** DATE **5/17/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGLIARDI, INNOCENZO	
STREET ADDRESS	32 RUE DE LA RENAISSANCE	
CITY-ST-ZIP	59154 CRESPIAN FRANCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGLIARDI, ANNE	
STREET ADDRESS	32 RUE DE LA RENAISSANCE	
CITY-ST-ZIP	59154 CRESPIAN FRANCE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Innocenzo Gagliardi* **INNOCENZO GAGLIARDI** Date Daytime Phone #