

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000081089**

1. Corporation Name

**DIMAURO & ASSOCIATES, INC.**

Principal Place of Business

**306 LAKE KELL COURT  
LUTZ FL 33549**

Mailing Address

**306 LAKE KELL COURT  
LUTZ FL 33549**

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90019 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1998**

4. FEI Number

**59-3535523**

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. ☐ Yes ☒ No

2. Principal Place of Business

**21 13366 Hurricane Dr.**

2a. Mailing Address

**26 13366 Hurricane Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Weeki Wachee, FL**

City & State

**28 Weeki Wachee, FL**

Zip

**24 34614**

Country

**25 USA**

Zip

**29 34614**

Country

**30**

9. Name and Address of Current Registered Agent

**DIMAURO, PAULA  
306 LAKE KELL COURT  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DIMAURO, PAULA**  
STREET ADDRESS **306 LAKE KELL COURT**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **13366 Hurricane Dr.**

1.4 CITY-ST-ZIP **Weeki Wachee, FL 34614**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **Paula Dimaurio** President **9-14-99 352-596-9603**



P98000081089  
~~617586-9002-20~~  
~~606886-90001-20~~  
617976-9009-20

September 8, 1999

Florida Department of Revenue  
P.O. Box 1500  
Tallahassee, FL 32302

Dear Ladies/Gentlemen:

Enclosed is a second notice of the corporate annual report which we received on behalf of our taxpayers. According to our records, the original report was filed prior to May 1, 1999. According to our records, the check submitted with the original report has not cleared the bank, therefore, we reissued another check in the amount of \$150. Please consider the enclosed return timely. If we can provide you with any other information, please let us know.

Sincerely,

**SIMMONS, LAPLANT & ASSOCIATES, C.P.A., P.A.**

Mary W. Simmons, C.P.A.

MWS/th

Enclosure

cc: Paula DiMauro

**Certified Public Accountants / a Professional Association**

201 East Kennedy Boulevard, Suite 715 • Tampa, Florida 33602-5828 • 813-229-2090 • 223-7104 FAX