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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000090688

1. Corporation Name

CONSTANNA AGENCY, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90057 014 ***450.00



Principal Place of Business Mailing Address							1 (00)(00) (40 (0)(0)	1 88141 8841	I MBILL MAILE S	h(1) 00310 0110	1 72127 1011 1201
520-BRICKELL I	<u>(EY ¥1606 -</u>	520 BRICKELL KEY #1606)					
MIAMI FL 99191		MIAMI FL 33131	MIAMI FL 33131				DO NOT WRITE IN THIS SPACE				
						3. D	ate Incorporated or C	ualifed			3
						10.10	0/23/1998				
2. Principal Pt	ace of Business	2a. Mailing Address				4. FI	El Number			A	oplied For
21 5101 Sw 73rd Terrace 26										₽ No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					ertifcate of Status De	eirad			Additional
22		27			3. 0				Fee R	equired	
City & State		City & State	City & State			6. E	lection Campaign Fin	ancing		•	May Be
23 Mi	ame FL	28				rust Fund Contributio				to Fees	
Zip	Country	Žip	Count	ry		1 -	his corporation owes		nt year Inta		□M6
24 331		29	30				ersonal Property Tax			Yes	LIPTO
	9. Name and Address of Curre	nt Registered Agent	8	<u>а</u> Т	Name	10. N	ame and Address o	New Re	agistereu /	-yent	
DI H C	CADINCS DETER C		ľ	"	Name						
BULGARIDES, PETER C 5101 SOUTHWEST 73RD TERRACE					Street Ad	ldress (P.O). Box Number is Not	Acceptai	ole)		
	AI FL 33143			83							
IAHAM	11 1 2 55 145		°	13							
			8	14	City				FL	85 Zip	Code
			41				where this statemen	for the r	. –	changing its	registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida, Such change was a	lutnorized t)V U	he corpora	ition's boar	d of directors. I herel	y accept	the appoir	itment as re	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	es.							ŀ
SIGNATURE		(1)075	: Registered A			dead when rains	etation)		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS					Signature requi		DITIONS/CHANGES	TO OFF		D DIRECT	ORS IN 12
TITLE	D	DELETE	13.	=		a 1d:	Prosedent			Change	☐ Addition
NAME	BULGARIDES, PETER C	_	1.2 NAM		'	ann.	1. cereptor d				
STREET ADDRESS 5101 SOUTHWEST 73RD TERRACE					ADDRESS						
	MIAMI FL 33143	MOL	1.4 CITY								
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE		4.4					☐ Change	Addition
NAME	BULGARIDES, STRAVROS	_	2 2 NAM	E							}
STREET ADDRESS	5101 SOUTHWEST 73RD TER	RACE	I		ADDRESS						
-	MIAMI FL 33143	IVIOL	2. 4 CIT							,•	
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITL							~ Change	Addition
NAME	BULGARIDES, CONSTANTINO	s	3 2 NAM	E			•				
STREET ADDRESS	5101 SOUTHWEST 73RD TER		3.3 STRI	EET /	ADDRESS						İ
CITY-ST-ZIP	MIAMI FL 33143	. 4 10 =	3.4. CIT								j
TITLE	Ma 4/4 1 C 00 1 10	DELETE.	4.1 TITL							☐ Change	☐ Addition
NAME			4. 2 NAM	Æ						•	
STREET ADDRESS			4.3 STR	EET/	ADDRESS					•	
CITY-ST-ZIP			4.4 CITY								
TITLE		☐ DELETE	5.1 TITL							Change	☐ Addition
NAME			5.2 NAM	E							
STREET ADDRESS			5.3 STR	EET/	ADDRESS						
CITY-ST-ZIP			5.4 CITY	-ST-	-ZIP						
TITLE		☐ DELETE	6.1 TITL	E.	$ \uparrow$			-		☐ Change	Addition
NAME			6.2 NAM	IE.							
STREET ADDRESS			6.3 STR	EET.	ADDRESS						
CITY-ST-ZIP			6.4 CITY	-ST	-ZIP						

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.