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

8000092172

N. LOPRESTO, INC.

Princ	ipal Place of Business	Mailing Address	
\$220 PELICAN CAPE CORAL FL 33914		5228 PELICAN CAPE CORAL FL 33914	
2. Pr	incipal Place of Business	2a. Mailing Address	
21		26	
Sı	ulte, Apt. #, etc.	Suite, Apt. #, etc	
22		27	
Ci	ty & State	City & State	
23		28	
Zı	p Country	Zip Country	
24	25	29 30	
	9. Name and Address of	Current Registered Agent	
		81	Name

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DO NOT	WRITE	IN THIS	SPACE

X Applied For Not Applicable \$8.75 Additional

 Date Incorporated or Qualified 10/29/1998
 FEI Number

2	#, etc.	27		5. Certificate of Status Desired [] Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes the corrent year Intengible	
4	25	29	[30]	Personal Property Tav [] Yes [] No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
MULLIN, JAMES G 2263 N.W. BOCA RATON FL 33431			81 Name		
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
500	A RATOR PE 33431		83		
			84 City	85 Z⊕ Code	
11. Pursuant				FL	
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	e of Florida. Such change was	authorized by the corporati	on's board of directors. Thereby accept the appointment as registered	
SIGNATURE	Signature typod or printed name of registereri a	pent and life if applicable (N/TI	IE Registered Agent Sumplane record	oliwhier ne stadige DATE	
12.		AND DIRECTORS] 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TILE	D	[] DELETE	11 TITLE	[Change	
IAME	LOPRESTO, NORMAN		1.2 NAME		
TREET ADDRESS	5228 PELICAN		13 STREET ADDRESS		
XTY-ST-ZDP	CAPE CORAL FL 33914		14 City-\$1-2iF	900002831399~~3	
TILE		() DELETE	21 TITLE	9000028313399: -04/06/9901086023^	
AME			2.2 NAMé	****150.00 ****150.00	
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NAME	İ		3.2 NAME		
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and the second s			5.1 TITLE 5.2 NAME	[] Change [] Ad	
NAME	ļ				
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Fibres	54 City-ST-Z#P	[_ Change	
TITLE		[] DELETE	6 2 NAME		
MANE			■ C / NAME		

I hereby certify that the information supplied with this filing do 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 supplied as if made under oath; that I am an officer or director of the corporation. The property of the property

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daylin e Phona.