

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 # P98000105309

Corporation Name

AZZARELLI PROPERTIES, INC.

Principal Place of Business

 00 W. KENNEDY BLVD. #720
TAMPA FL 33602

Mailing Address

 100 W. KENNEDY BLVD. #720
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

59-2552878

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

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

 HADLOW, RICHARD B ESQ.
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

 81 Name **Thomas J Azzarelli**
82 Street Address (P.O. Box Number is Not Acceptable)
100 W. Kennedy Blvd
83 **Suite 720**
84 City **Tampa** FL 85 Zip Code **33602**

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.

President

(NOTE: Registered Agent signature required when reinstating)

7/1/99

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
E		1.2 NAME	
E		1.3 STREET ADDRESS	
E		1.4 CITY-ST-ZIP	
E	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
E		2.2 NAME	
E		2.3 STREET ADDRESS	
E		2.4 CITY-ST-ZIP	
E	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
E		3.2 NAME	
E		3.3 STREET ADDRESS	
E		3.4 CITY-ST-ZIP	
E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
E		4.2 NAME	
E		4.3 STREET ADDRESS	
E		4.4 CITY-ST-ZIP	
E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E		5.2 NAME	
E		5.3 STREET ADDRESS	
E		5.4 CITY-ST-ZIP	
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
E		6.2 NAME	
E		6.3 STREET ADDRESS	
E		6.4 CITY-ST-ZIP	

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

813-224-0813

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 039 ***150.00

