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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90045 030 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S00074

PURPLE ISLAND PROPERTIES, INC.

Principal Place	e of Business	Mailing Address				· '
ANTHONY CIMA	AGI IA	ANTHONY CAMGLIA				•
6362 BRAVA W		6362 BRAVA WAY				
BOCA RATON F		BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE		
	L 30400	US		3. Date Incorporated or Qualifed		
US	•				08/28/1990	
				,,,		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	* * *	26			65-0231980	Not Applicable
	414	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional
Suite, Apt.	#, etc.	<u> </u>			5. Certifcate of Status Desired	Fee Required
22		27				
City & State	ie .	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	v	8. This corporation owes the current	vear Intangible
<u> </u>		<u> </u>	<del></del> -	•	Personal Property Tax.	☐Yes ☐No
24	25	1 - 1	30			
•	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Reg	Istered Agent
	· 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (		81	Name	•	•
CIM/	AGLIA, ANTHINY		-		10.0 iB N Last Assessable	
6362	2 BRAVA WAY		82	Street Add	ress (P.O. Box Number is Not Acceptable	")
	A RATON FL 33433		83		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<b></b>	A NATUN FL 33433		83	<b>^</b>		
	• •		84	City		85 Zip Code
		•	"	City		FL
and the second second	At the services of Captions 607 0502	and 607 1508 Florida Statutes	e the ahov	e-named cor	poration submits this statement for the pu	rpose of changing its registered
					tion's board of directors. I hereby accept the	he appointment as registered
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	s.	•	
430		41 <sup>4</sup>				•
					· · · · · · · · · · · · · · · · · · ·	DATE
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Age	ent signature requir	red when reinstating)	DATE
	Signature, typed or printed name of registered agent a			ent signature requir		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
<b>12.</b> ип.е	OFFICERS AND		13. 1.1 TITLE	.		CERS AND DIRECTORS IN 12
12.	OFFICERS AND P CAMAGLIA, ANTHONY	DIRECTORS	13.	.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
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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 trusted empower of the endough to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address, with all other like empowered.