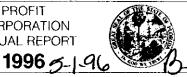
## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19187

1. Corporation Name

L A DISORDI O INC

SIGNATURE:

L. A. Pu	IOPOLO,	INC.									
Frincipal Place of Business				Mailing Address			<del></del>	T TORRESON THE SECTION TO SECTION STATES	ODI BIBLI DIDIL DIDIL	FIFI	81811 \$1811 1\$\$1
380 GULFSHORE BLVD. S NAPLES FL 33940 US			- 1	380 GULFSHORE BLVD. S NAPLES FL 33940 US							
								3. Date Incorporated or Qualified 12/10/1990	3a. Date of L 04/19		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-0234336			Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					2		Not Applicable  5 Additional
22]			27	- <del></del>				5. Certificate of Status Desired		Fe€	Required
City & State			28	City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			00 May Be ad to Fees
<i>Ζ</i> φ <b>24</b>	Zip Country			Zip Country				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24 25 25 9. Name and Address of Current Re			rrent Regi	<del></del>				10. Name and Address of New Registered Agent			
					· · · · · ·	81	Name	10.	ogiotoreo rigo	<del></del>	
PILON, JAMES A						82	Street Addres	s (P.O. Box Number is Not Acceptab	ile)		
SIESKY & PILON 1000 9TH ST, N, STE 201				Ĺ		83					
NAPLES F		L 2.01				84	City		_, 8		ip Code
<u> </u>									FL		
<ol> <li>Pursuant to the provisions of Sections 697,0502 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, if the State of Norida. Such change was anthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the applications of, Section 607,0505, Florida Statutes</li> </ol>											
12.	Signature croed		ent and title it AND DIRE		OTE: Registered	Agen	nt signature required w		DATE	FOT	200 (1) 10
TITLE	P	V OFFICER	AND DINE	DELETE	1.11	ITI E		ADDITIONS/CHANGES TO OFF	CERS AND DIF		
NAME	l •	O, LOUIS A.		<u> </u>	1.2 N/						
STREET ADDRESS 380 GULFSHORE BLVD.							ADDRESS				
C TY-ST-ZIP	NAPLES	FL			1.4 Ci	TY - S	1 - 2(P				
THILF				DELETE	2 1 1	TLE			☐ CI	nange	☐ Addition
NAME	NAME			2.2 NAA							
STREET ADDRESS					2351	reet	ADDRESS				
C:TY-ST-ZIP				C) Drutte	2.4 CI		T - ZIP				
TIDLE				☐ DELETE	3. 1 10				CI	nange	☐ Addition
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C TY-ST-ZIP					3.4 01						
THLE				☐ DELETE	4. 1 T			<del></del>		nange	Addition
NAME					4.2 NA	AME					
STREET ADDRESS					4.3 S1	REET	ADDRESS				
C/1Y - ST - ZIP					4.4 CI	1Y - \$	T-2IP				
TITLE				□ DELETE	5. 1 7	ITLE			☐ CI	iange	Addition
NAME					5.2 NA						
STREET ADDRESS							ADDRESS				
C-1Y - ST - ZIP TITLE				DELETE	5.4 CI		I - ZIP		[] 0	sanor	☐ Addition
NAME				ריין מכניונ	6. 1 TO					ange	☐ Vontion
STREET ADDRESS							ADDRESS				
C-TY-ST-ZIP					6.4 CI						
14. I do hereby	y certify that	the information supp	lied with this	s filing is voluntarily fur	nished and	does	s not qualify for	the exemption stated in Section 119.	07(3)(k), Florida	Stati.	Nes. I further
certify that oath; that I appears in	the informal Lam an offic Block 12 or	tion indicated on this erior director of the c Block to if changed	annual repo corporation , or 11 an a	ort or supplemental and or the receiver or truste ttachinent with an add	nual report i: ee empower fress.	s tru red t	e and accurate ecute this r	and that my signature shall have the eport as required by Chapter 607, Fi	same legal effec orida Statutes; a	t as : nd tir	if made under nat my name