

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90059 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> , Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S51475**  
 1. Corporation Name  
**FERNANDEZ & FERNANDEZ, INC.**

Principal Place of Business 3810 S DALE MABRY TAMPA FL 33611 US	Mailing Address 3810 S DALE MABRY TAMPA FL 33611
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>05/06/1991</b>	Applied For Not Applicable
4. FEI Number <b>59-3077453</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ, MARY ALICE**  
**3810 S DALE MABRY**  
**TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DPVP	<input type="checkbox"/> DELETE
NAME	<del>RAUL FERNANDEZ J</del>	
STREET ADDRESS	<del>16219 LK. MAGDALENE BLVD.</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, MARY ALICE	
STREET ADDRESS	16219 LAKE MAGDALENE BVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RITA MAGGIO	
1.3 STREET ADDRESS	3610 PINE STREET	
1.4 CITY-ST-ZIP	TAMPA FL	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN MAGGIO	
2.3 STREET ADDRESS	3610 PINE ST	
2.4 CITY-ST-ZIP	TAMPA FL	
3.1 TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PERRY A. MAGGIO SR	
3.3 STREET ADDRESS	3610 PINE ST	
3.4 CITY-ST-ZIP	TAMPA, FL	
4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FERNANDEZ MARY ALICE	
4.3 STREET ADDRESS	16219 LAKE MAGDALENE BVD	
4.4 CITY-ST-ZIP	TAMPA FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *Mary Alice Fernandez* 4-26-99 1-813-831-9280  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)