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

Mailing Address

4621 SHEARWATER LANE

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business

4621 SHEARWATER LANE

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # V22961

JEFFREY S. DEANGELIS, P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90200 042 ***150.00



DO NOT WRITE IN THIS SPACE

US	US				DO NOT WRITE IN THIS SPACE		
00		30			3. Date Incorporated or Qualifed 03/20/1992		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied F	For
	ace of Business	26			65-0320478	Not Appli	icable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	\$8.75 Addition	nal
22	#, C lu.	27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May B	3е
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta		
24	25	29 30	0		1 classical Floperty Tax.	<u>o</u> Pres □ No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
	DEANGELIS, JEFFREY S.			82 Street Address (P.O. Box Number is Not Acceptable)			
	SHEERWATER LANE		-				
NAPI	LES FL 33999		83				
			84	City	FL	85 Zip Code	
		20 COT 4500 Florido Ptotodo	the eber	n named com	poration submits this statement for the nurnose of o	hanging its registe	ered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	ionzea ov	the corporau	on's board of directors. I hereby accept the appoin	tment as registere	3 0
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1,1 TITLE			☐ Change ☐ /	Additio
NAME	DEANGELIS, JEFFREY S.	l l	1.2 NAME				
STREET ADDRESS	4621 SHEERWATER LANE		1,3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-8	ST-ZIP	<u></u>		
TITLE	V	☐ DELETE	2.1 TITLE			Change .	Additio
NAME	DEANGELIS, JANICE	l l	2.2 NAME				
STREET ADDRESS	4621 SHEERWATER LANE		2.3 STREE	TADORESS			
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ /	Additio
NAME			32 NAME		~		
STREET ADDRESS			3,3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ /	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4,3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-9	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐	Additio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		, ,,,,,, <u>,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐	Additio
		_	6.2 NAME				

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.

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP