PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 V31203

1. Corporation Name

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

05-04-1999 90057 041 ***150.00

LUCIANO	O LOPARDO, INC.	•					
Principal Place	o of Business	Mailing Address					
	•	<u>-</u>			1		
16330 121ST TERR N							
US US					DO NOT WRITE IN TH	S SPACE_	
					3. Date Incorporated or Qualifed		
					04/23/1992		
Principal Place of Business 2a. Mailing Address					4, FEI Number	 	plied For
21 26				~	65-0330734		t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 / Fee Re	
22 27 City & State							
	5.1, 1. 5.1.15				6, Election Campaign Financing Trust Fund Contribution	Added	May Be
Zip	Zip Country Zip Cou				8. This corporation owes the current year		-
	25	29 3	_ ·		Personal Property Tax.	Yes	⊠No
24	9. Name and Address of Curro		<u> </u>		10. Name and Address of New Registere	d Agent	
	<u>., , ,,,,,,,,,,,,,,,,,,,,,,,</u>		81	Name			
LOPARDO, LUCIANO M.				5	(20.2)		
16330 121ST TERR N			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
JUPITER FL 33478			83				
•						[[
			84	City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the above	-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
office or r	registered agent, or both, in the Stat	le of Florida. Such change was auth	norized by	the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
	ım lamıllar witii, and accept the obig	gations of, Section 607:0505, Florid	a Statutes	•		•	1
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Ri	egistered Agen	t signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	VS	☐ DELETE	1.1 TITLE		•	☐ Change	Addition
NAME	LOPARDO, TERESA		1,2 NAME				-
STREET ADDRESS	16330 121ST TERR N		1.3 STREET ADDRESS				.
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP				
TITLE	PT .	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	LOPARDO, LUCINO		2.2 NAME				}
STREET ADDRESS	16330 121ST TERR N		2.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-S	T- ZIP	<u> </u>		
TITLE		DELETE	3.1 TITLE	-		☐ Change	· Addition
NAME	,		3.2 NAME				l
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP				T-ZiP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	Ī			ļ
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		Пс	
TITLE		☐ DELETE	6.1 TITLE		-	☐ Change	Addition
NAME			6.2 NAME	ŀ	•		
ATDEET LDODGOO				ì			' 1
STREET ADDRESS	į (6.3 STREET				·

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 suppliemental 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 drustee 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 par an attachment with an address, with all other like empowered.

SIGNATURE:

GALTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 744-4944

CR2E034 (11/9)