

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90006 017 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **521558**

1. Corporation Name
R. L. RIZZUTI, INC.



Principal Place of Business 120 STATE ST E 105 B OLDSMAR FL 34677 US	Mailing Address 120 STATE ST E 105 B OLDSMAR FL 34677 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 1700 CYPRESS TRACE DR Suite, Apt. #, etc.	2a. Mailing Address 26 1700 CYPRESS TRACE DR Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/30/1976	4. FEI Number 59-1707885 Applied For Not Applicable
2 City & State 3 SAFETY HARBOR, FL	27 City & State 28 SAFETY HARBOR, FL	5. Certificate of Status Desired -- <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
4 Zip 34695	25 Country USA	29 Zip 34695	30 Country USA

9. Name and Address of Current Registered Agent RIZZUTI, ROBERT L. 1700 CYPRESS TRACE DRIVE SAFETY HARBOR FL 34695	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RIZZUTI, ROBERT L.		1.2 NAME TIMOTHY J. RIZZUTI	
STREET ADDRESS 1700 CYPRESS TRACE DR		1.3 STREET ADDRESS 1700 CYPRESS TRACE DRIVE	
CITY-ST-ZIP SAFETY HARBOR FL		1.4 CITY-ST-ZIP SAFETY HARBOR, FL, 34695	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIZZUTI, JAY S		2.2 NAME	
STREET ADDRESS 7001 LAWNVIEW CT		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Robert Rizzuti 9/6/99 (727) 724-3407

CR2E034 (5/99)