

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morjhan
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P16924
 1. Corporation Name: FERRETTI'S INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For or Not Applicable

21 Suite, Apt. #, etc. 26 4300 MADERIA 26-0940509

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Sarasota FL. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 34233 30 Sarasota 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

B1 Name Richard Ferretti
 B2 Street Address (P.O. Box Number is Not Acceptable) 4300 MADERIA CT.
 B3
 B4 City Sarasota FL B5 Zip Code 34233

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: Richard Ferretti DATE: 9/22/98

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Richard Ferretti	
STREET ADDRESS		1.3 STREET ADDRESS	4300 MADERIA CT.	
CITY, ST, ZIP		1.4 CITY-ST-ZIP	Sarasota FL. 34233	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Aue Ferretti	
STREET ADDRESS		2.3 STREET ADDRESS	4300 MADERIA CT.	
CITY, ST, ZIP		2.4 CITY-ST-ZIP	Sarasota FL. 34233	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Minnie Ferretti	
STREET ADDRESS		3.3 STREET ADDRESS	3430 CHEM FORD CT.	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	SARASOTA FL. 34235	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ODN Ferretti	
STREET ADDRESS		4.3 STREET ADDRESS	2202 JAKE LAUB ST	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	PLAINFIELD FL 60544	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	(PLAINFIELD)	<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	900002658658	
STREET ADDRESS		6.3 STREET ADDRESS	-10/08/98-01011-003	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	***165, DE	

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: Richard Ferretti DATE: 9/1/98 941-378-5145

CR2E034 (5/98)