

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

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Feb 08, 1999 8:00am
Secretary of State


04/25/99

02-08-1999 90060 008 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P16924

1. Corporation Name
FERRETTI'S, INC.

Principal Place of Business: 4300 MADERIA COURT SARASOTA FL 34233
Mailing Address: 4300 MADERIA COURT SARASOTA FL 34233

| | | | | |
|--------------------------------|---------------------|---|--|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 | 26 | 11/23/1987 | 36-0940509 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | 27 | <input type="checkbox"/> | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 23 | 28 | <input type="checkbox"/> | | |
| Zip Country | Zip Country | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 29 | 30 | | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| FERRETTI, RICHARD H. 4300 MADEIRA COURT SARASOTA FL 33579 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRETTI, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 4300 MADERIA COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34233 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRETTI, SUE | 2.2 NAME | |
| STREET ADDRESS | 4300 MADERIA COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34233 | 2.4 CITY-ST-ZIP | |
| TITLE | DVD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRETTI, MINNIE | 3.2 NAME | |
| STREET ADDRESS | 3430 CHEMFORD CT. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRETTI, DAN | 4.2 NAME | |
| STREET ADDRESS | 2202 JAKELAND STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLAINFIELD IL 60544 | 4.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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, with all other like empowered.

SIGNATURE: Richard H. Ferretti REQUIRED
Date: 2/12/99 Daytime Phone #: 941-378-5145

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