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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000044502 (1)

AVELLINO, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		A STATE OF THE STA
460 E RIVIERA BLVD 460 E RIVIERA BLVD				
INDIALANTIC FL 32903		INDIALANTIC FL 32903		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
ļ				
2 Principal P	lace of Business	2a. Mailing Address		06/17/1993 4. FEI Number Applied For
	JAVECREST AVE	26 3078 RIO	PLUMOSA :	- ippirod : c
Suite, Apt.		Suite, Apt. #, etc.		#0.75 Astalla 1
22	#, 5to.	27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		
	ALANTIC, FL.	28 INDIALA	UTIC. FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 329		29 32903	10	Personal Property Tax due June 30. Yes No
24 2 5	g. Name and Address of Current			10. Name and Address of New Registered Agent
BIZZARRO, FRANESCO 81 Name				
JAMES TO THE STATE OF THE STATE				
(DE) Offeet Macress (1.2)				ress (P.O. Box Number is Not Acceptable)
INDIALANTIC FL 32903			83 5076	740 140 140 31.
			00	
			84 City	85 Zio 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				<u></u>
	Signature, typed or printed name of registered agent		Registered Agent signature requi	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	_			Change Addition
NAME	BIZZARRO, FRANCESCO.		1.2 NAME	DADO RIO PLUMOSA ST.
STREET ADDRESS	460 E RIVIERA BLVD		1.3 STREET ADDRESS	BOTE RIO PLUMOSA ST.
CITY-ST-ZIP	INDIALANTIC FL	The exe	1.4 CITY - ST - ZIP	NOTACHOTIC, P.C. SAIDS
TITLE		DELETE	2,1 TITLE	· Li Change Li Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change L Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		_ 	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
			6.2 NAME	Change Addition is
NAME arrage approx				ļ
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	and that the information are all	this filling door not availed for	6.4 CITY-ST-ZIP	Souther 110 07/20/0 Florida Statutes further and further that the lef-
14. Inereby C	eruly inal the miormation supplied with	rans ming does not qualify for	ure 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.