

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

**FILED**  
**Feb 04, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

02-04-1999 90007 014 \*\*\*\*150.00

**DOCUMENT # P94000030109**

1. Corporation Name  
**AVANTI OF THE PALM BEACHES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 121 CENTER STREET JUPITER FL 33458-4312  
 Mailing Address: 121 CENTER STREET JUPITER FL 33458-4312

3. Date Incorporated or Qualified: **04/20/1994**

4. FEI Number: **65-0485118** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

9. Name and Address of Current Registered Agent  
**RIENZO, CHARLES**  
**18549 LAKESIDE GARDENS DRIVE**  
**JUPITER FL 33458-3311**

10. Name and Address of New Registered Agent (81-85) fields.

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

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	RIENZO, CHARLES	
STREET ADDRESS	18549 LAKESIDE GARDENS DRIVE	
CITY-ST-ZIP	JUPITER FL 33458-3311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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: *Charles Rienzo* DATE: **1/18/99** DAYTIME PHONE #: **361 746 2344**

CR2E034 (11/98)