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 # P95000069485 (7)

GATTOLINE ENTERPRISES. INC.

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		1 1001/1001 770 50101 07/1/4 00/1/1 00/1/4 0	4781 00284 01116 10111 064061 10501 0311 1001
1615 SUN CITY CENTER PLAZA 1615 SUN CITY CEN		1615 SUN CITY CENTER	R PLAZA		
SUN CITY CENTER FL 33573 SUN CITY CENTER FL					
				3. Date Incorporated or Qualified	
				09/05/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		· • —		59-3336716	Not Applicable
L '		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 28		·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due Jun	e 30. 💆 Yes 🗌 No
} -	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
GATIOLINE, JOHN J JR.					
1815 SUN CITY CENTER PLAZA			82 Street A	Address (P.O. Box Number is Not Accepta	ible)
501	N CITY CENTER FL 33573		83	, , , , , , , , , , , , , , , , , , ,	
[
			84 City		FL 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					
Signature, typed or printed name of regulation aryon and title it applicable. (NOTE 12. OF FIGURES AND DIRECTORS			ITE Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	D	☐ DELETE	1.1 101.6	ADDITIONS/OTTAINGES TO OTT	Change Addition
NAME	GATTOLINE, JOHN J JR.		1.2 NAME		•
STREET ADDRESS 1615 SUN CITY CENTER PLAZA		A	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573	····	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		L Change L Addition
NAME CARCEL ADDRESS			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		DELFTE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS CITY+ST+ZIP			4.3 STREET ADDRESS	•	
TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY- ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	this filing dose not qualify	64 CITY-ST-ZIP	ri in Section 119.07/3Vi). Florida Statutae	I further portify that the information

Indicated on this annual report or supplied with this hing doos not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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