Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90067 037 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600020003

1. Corporation Name

BIANCO	ENTERPRISES OF CENTRA	al florida, inc				
Principal Place	e of Business	Mailing Address	<del>.</del>	- I I B B (( B b) i in 10 110 a b) (() a d) (()		18188 HILL 1881
2700 HILLIARD KISSIMMEE FL	COURT	2700 HILLIARD COURT KISSIMMEE FL 34744		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				03/05/1996		
2 Delegate at Di	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
— '	lace of business	— ĭ		59-3364906	<u> </u>	Applicable
Suite, Apt.	# 010	Suite, Apt. #, etc.			\$8.75 A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
— · ·	•	27		5. Certificate of Status Desired	Fee.Red	
City & State		City & State		6. Election Campaign Financing	\$5.00	
<del></del>	o .	28		Trust Fund Contribution	Added to	
<b>23</b> Zip	Country	Zip	Country	8. This corporation owes the current year Inta	ıngible	
<b>—</b> '	25	— · -	30	Personal Property Tax.		□No
24	9. Name and Address of Currer		, o _	10. Name and Address of New Registered A	Agent	
	5. Name and Address of Carro.	t registered rigent	81 Name			
BIAN	ICO, MARY JO		<u> </u>			
	HILLIARD COURT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	SIMMEE FL 34744		83			
1,,,,,			["			
	•		84 City	FL.	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the nurnose of o	changing its i	registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such change was au ations of, Section 607.0505, Flori	inorized by the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint of when reinstating)  DATE	aneni as reg	jistered
office or n agent. I a	egistered agent, or both, in the State im familiar with, and accept the obligation of the state	of Flonda, Such change was au ations of, Section 607.0505, Flori ent and title if applicable.  (NOTE: ND DIRECTORS	Inonzed by the corporation da Statutes.  Registered Agent signature require	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	D DIRECTO	RS IN 12
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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 13 if chapter 40 the statutes. officer or director of the corporation or Block 12 or Block 13 if changed, of or

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: <

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition