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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800030386

1. Corporation Name

GIO'S M	ARBLE & GRANITE, INC	Mailing Address			
PO BOX 11535 PO BOX 11535					
naples fl 341	01	NAPLES PL 34101	•	DO NOT WRITE IN T	HIS SPACE
		t	`~	3. Date Incorporated or Qualifed	
				03/30/1998	
2. Principal Pi	lace of Business BOX 36/	2a. Mailing Address 26 POPOK	361	4. FEI Number 65-080/942	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Phudae GA.	City & State	GA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 30,28	Country 25 Henry	Zip 29 30281 (7)	Country 10 Heriry	This corporation owes the current year Personal Property Tax.	☐ Yes ☐ No
24, 200	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent
271	VARDS, DIAN M 20TH ST NE			ress (P.O. Box Number is Not Acceptable)	,
NAP	LES FL 34120		83		į
			84 City		85 Zip Code
	egistered agent, or both, in the State in familiar with, and accept the obligation of signature, typed or printed name of registered agent.	of Florida. Such change was aut tions of, Section 607.0505, Florid	nonzen av ine carborau		E
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ OÉLETE	1.1 TITLE		Change Addition
NAME	ROZEMBERSKY-GRECO, ILON/	4 26/	1.2 NAME		
STREET ADDRESS	1 .0. DON 11000 1101 , , , ,	Bery 361	1,3 STREET ADDRESS	~~.	•
CITY-ST-ZIP	NAPLES FL-34101 Stock	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	S CONTRACTOR OF	C OCTOBE	2.1 TITLE 2.2 NAME		
NAME	GRECO, GIOVANNI S -p.obox 11535 -n/ a <i>Poc</i>	361	2.2 NAME 2.3 STREET ADDRESS	The second second	
STREET ADDRESS	NAPLES FL 34101 - Stockb		2. 4 CITY-ST-ZIP	•	_ ,
CITY-ST-ZIP	TANILLUTE STOTE STOCKED	DELETE	3.1 TITLE		Change 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	_	☐ Change ☐ Addition
TITLE	}	☐ DELETE	5.1 TITLE 5.2 NAME		,
NAME)		5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	*	□ OFLETE	6.1 TITLE		☐ Change ☐ Addition

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 repet) 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.

6.2 NAME

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP