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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 25, 1999 8:00am Secretary of State

► 13	999			01-25-1999 90016 048 ***1.	50.00
DOCUM 1. Corporation N	ENT # V30723		•		
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Principal Place	of Business	Mailing Address			
9834 W. GLADES ROAD		9834 W. GLADES ROAD BOCA RATON FL 33434		DO NOT WRITE IN THIS SPACE	
BOCA RATON FL	33434	BOOM MATOR TE 00404	•		113 SPACE
				3. Date Incorporated or Qualifed	·
	· · · · · · · · · · · · · · · · · · ·			04/23/1992 4. FEI Number	Applied For
2. Principal Pla	ce of Business	2a. Mailing Address		59-3146834	Not Applicable
21		Suite, Apt. #, etc.		T	\$8.75 Additional
Suite, Apt. #	, etc.	27 Suite, Apr. #, oto.		5. Certificate of Character	Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
City & State		28		Trust Fund Contribution	
23 Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	r intangible ☐ Yes ☐ No ☐
24	25		30	10. Name and Address of New Registe	red Agent
	9. Name and Address of Current	t Registered Agent	81 Name	10. 11.	
ne li	PTI DOUGNICO			ress (P.O. Box Number is Not Acceptable)	
BELLITTI, DOMENICO 82 Street Add 9834 W. GLADES ROAD			A CHARLE WAS A REST OF THE MERCHANISM AND ASSETS OF THE	Language was a series of the control	
BOCA RATON FL 33434			83		
)	A INTOIT IE OS IS I		84 City	AND APPLICATION OF THE PROPERTY.	85 Zip Code
	*	•			FL
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the above-named cor ithorized by the corporated ida Statutes	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	ppointment as registered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0303, Flor	ida Otatolosi		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICER	
12.	OFFICERS AN	ND DIRECTORS	13.		☐ Change ☐ Addition
TITLE	DPS		1.1 TITLE	<u> 174-9448</u> 74	
NAME .	BELLITTI, DOMINIC		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	6488 NW 32ND TERRACE		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON FL 33496	☐ DELETE	2.1 TITLE		Change Addition
TITLE	T DOMESTIC		2.2 NAME		
NAME	BELLITTI, DOMINIC		2.3 STREET ADDRESS		
STREET ADDRESS	6488 NW 32ND TERRACE BOCA RATON FL 33496	4	2. 4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP	1 1 1 1	☐ DELETE	3.1 TITLE		Douguêo Cirania
TITLE 1975			3.2 NAME		The second of th
NAME STREET ADDRESS	147,337 /		3.3 STREET ADDRESS	とはなりではあるから、東京の一般の意味を というという。 というというない。	調整的試影響關
CITY-ST-ZIP			3.4. CITY-ST-ZIP	the second of th	Change Additio
TITLE		DELETE	4.1 TITLE	•	
NAME	te sate	' 3" " " " " " " " " " " " " " " " " " "	4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS		¥,	4.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	5.1 TITLE		Change Addition
TITLE			5.2 NAME	473 1997	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	SI CAS		5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE	SELECT GOLDEN	DELETE	6.1 TITLE		
NAME	A SHEET SELECTION .		6.2 NAME		•
STREET ADDRES	s 8000 R 400 F. * .		6.3 STREET ADDRESS	-	
1	_1 Y ·		6.4 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 by on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #