

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

**FILED**  
**Jul 13 1998 8:00am**  
**Secretary of State**

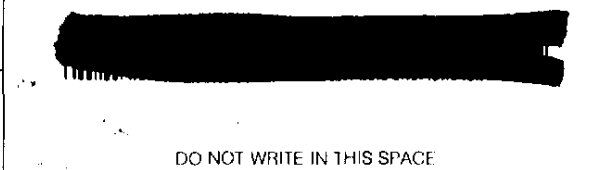
PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. McPham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000047177(0)  
 1. Corporation Name  
**119 NORTH COUNTY, INC**

Principal Place of Business: 504 LUCERNE AVENUE LAKE WORTH FL 33460  
 Mailing Address: 504 LUCERNE AVENUE LAKE WORTH FL 33460



2. Principal Place of Business  
 21 **111 NORTH 'M' ST**  
 Suite, Apt #, etc. **-**  
 22 **-**  
 City & State **LAKE WORTH, FL**  
 Zip **33460** Country **P.R.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1997**

4. FEI Number **APPLIED FOR** 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 or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name **EUGENE A. CONTI, Esq**  
 82 Street Address (P.O. Box Number is Not Acceptable) **111 NORTH 'M' ST.**  
 83 **-**  
 84 City **LAKE WORTH** FL 85 Zip Code **33460**

11. Pursuant to the provisions of Sections 607.0507 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 registered agent and date of appointment (typed Registered Agent Signature required for all filings)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIAMMARESI, TONY	
STREET ADDRESS	504 LUCERNE AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33480	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	UMOR, LINE	
STREET ADDRESS	804 LUCERNE AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE A. CONTI, TR	
1.3 STREET ADDRESS	111 NORTH 'M' ST.	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	500002587775	
6.3 STREET ADDRESS	-07/14/98--01019--042	
6.4 CITY-ST-ZIP	***150.00	

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.

SIGNATURE \_\_\_\_\_

4/22/98 (261) 547-4466

CR2E034 (10/97)