Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90174 040 \*\*\*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 # 283481**

1. Corporation	& SON, INC.						
Principal Place of Business Mailing Address					-		Itt bibit ibbi
2116 LAUREL STREET		2116 LAUREL STREET					
% ANTHONY LATTERI, SR.		% ANTHONY LATTER!, SR. TAMPA FL 33607			DO NOT WRITE IN THIS SPACE		
TAMPA FL 3360	,	TAMEN FL 33007			3. Date Incorporated or Qualifed	701 1102	
					07/21/1964		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-1084836		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			0.	Fee Req	
City & State		City & State		6. Election Campaign Financing	\$5.00 N Added to	-	
23	Country	28 7in	Country		Trust Fund Contribution		rees
Zip	Country	Zip	_		This corporation owes the current year In Personal Property Tax.		□No
24	25 Solution 25 Sol	<u> </u>	<u> </u>		10. Name and Address of New Registered		
	g. Haine and Addiess of Carlette	regiotara rigain	81 N	lame			
LATTERI JR., ANTHONY					on (D.O. Day Number in Not Acceptable)		
2116 LAUREL STREET			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		ļ
TAMI	PA FL 33677		83				
			84 C	ih.		85 Zip C	nde
1			1 1	ity	FI	_	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was aut	horized by the	amed corpo corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f.changing its r pintment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent sig	nature required	when reinstating) DATE	<del></del>	
12.	OFFICERS AND	***************************************	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	DVP	A) DELETE	1.1 TITLE			Change	☐ Addition
NAME.	LATTERI, EVELIA		1.2 NAME				
STREET ADDRESS	2116 LAUREL STREET		1.3 STREET ADDRESS				l
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP				
TITLE	DST	☐ DELETE	2.1 TITLE		. ,	Change	Addition
NAME	LATTERI JR, ANTHONY		2.2 NAME		,		,
STREET ADDRESS	2116 LAUREL STREET		2.3 STREET ADI	DRESS	** * ±		-
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-Z				. Addition.
TITLE	VP	☐ DELETE	3.1 TITLE 9		esident	Change -	Addition ·
NAME	LATTERI JR, ANTHONY		3.2 NAME	LA.	TTERI GR. ANTHONY		
STREET ADDRESS	2116 LAUREL STREET		3.3 STREET AD		16 Laurel Street		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-Z	7.00	mpa <u>,</u> FL. 33607	Change	Addition
TITLE	AS	☐ DELETE	4.1 TITLE	Se	c'./Ineasure 16 Laurel St.	. [3] ontinge	
NAME	LATTERI, FRANCES		4. 2 NAME		16 Laurel St.		
STREET ADDRESS	2116 LAUREL ST. TAMPA FL		4.3 STREET ADDRESS		MPA.FL. 33607 TTERI, FRANCES		
CITY-ST-ZIP	IMMEM EL	DELETE	4.4 CITY-ST-ZI	- LT	TICKI, I KATIOW	[ ] Change	☐ Addition
TITLE			5.2 NAME			•	_ "
NAME STREET ADDRESS			5.3 STREET AD	DRESS			
STREET ADDRESS			5.4 CITY-ST-ZI				
CITY-ST-ZIP		☐ DELETE	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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP