

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 JUL 26 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

011687

|                                                                                                 |  |                                                                                   |                                                                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                    |  |  |                                                                                     | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 370403</b>                                                                        |  |                                                                                   |                                                                                     |                                                                                                          |  |
| 1. Corporation Name<br><b>CALITRI ENTERPRISES, INC.</b>                                         |  |                                                                                   |                                                                                     |                                                                                                          |  |
| Principal Place of Business<br><b>434 HWY. 190<br/>P.O. BOX 130<br/>NICEVILLE FL 32578-0130</b> |  |                                                                                   | Mailing Address<br><b>434 HWY. 190<br/>P.O. BOX 130<br/>NICEVILLE FL 32578-0130</b> |                                                                                                          |  |



DO NOT WRITE IN THIS SPACE

|                                                                                                                       |                     |                     |                     |                                                                                                                                     |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 2. Principal Place of Business                                                                                        |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>09/28/1970</b>                                                                              |                                                                           |
| 21                                                                                                                    | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1304074</b>                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                    |
| 22                                                                                                                    | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                           | <b>\$8.75</b> Additional Fee Required                                     |
| 23                                                                                                                    | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                  | <b>\$5.00</b> May Be Added to Fees                                        |
| 24                                                                                                                    | Country             | 29                  | Country             | 8. This corporation owes the current year<br>Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                           |
| 9. Name and Address of Current Registered Agent<br><b>CALITRI, FREDDY E.<br/>434 HWY. 190<br/>VALPARAISO FL 32580</b> |                     |                     |                     | 10. Name and Address of New Registered Agent                                                                                        |                                                                           |
|                                                                                                                       |                     |                     |                     | 81                                                                                                                                  | Name                                                                      |
|                                                                                                                       |                     |                     |                     | 82                                                                                                                                  | Street Address (P.O. Box Number, if applicable)<br><b>300002952789--3</b> |
|                                                                                                                       |                     |                     |                     | 83                                                                                                                                  | <b>08/06/99--01069--001</b>                                               |
|                                                                                                                       |                     |                     |                     | 84                                                                                                                                  | City                                                                      |
|                                                                                                                       |                     |                     |                     | 85                                                                                                                                  | Zip Code<br><b>FL</b>                                                     |

11. Pursuant to the provisions of sections 607.0502 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 Freddy E. Calitri PRES. DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------|-------------------------------------------------------|--|
| TITLE                      | PST               | 11 TITLE                                              |  |
| NAME                       | CALITRI, FREDDY E | 12 NAME                                               |  |
| STREET ADDRESS             | P.O. BOX 130 N/A  | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NICEVILLE FL      | 14 CITY-ST-ZIP                                        |  |
| TITLE                      | SD                | 21 TITLE                                              |  |
| NAME                       | CALITRI, ADALINE  | 22 NAME                                               |  |
| STREET ADDRESS             | P.O. BOX 130 N/A  | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NICEVILLE FL      | 24 CITY-ST-ZIP                                        |  |
| TITLE                      | D                 | 31 TITLE                                              |  |
| NAME                       | CALITRI, FREDDY E | 32 NAME                                               |  |
| STREET ADDRESS             | P.O. BOX 130 N/A  | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NICEVILLE FL      | 34 CITY-ST-ZIP                                        |  |
| TITLE                      |                   | 41 TITLE                                              |  |
| NAME                       |                   | 42 NAME                                               |  |
| STREET ADDRESS             |                   | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 44 CITY-ST-ZIP                                        |  |
| TITLE                      |                   | 51 TITLE                                              |  |
| NAME                       |                   | 52 NAME                                               |  |
| STREET ADDRESS             |                   | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 54 CITY-ST-ZIP                                        |  |
| TITLE                      |                   | 61 TITLE                                              |  |
| NAME                       |                   | 62 NAME                                               |  |
| STREET ADDRESS             |                   | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 64 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, or on an attachment with an address.

SIGNATURE: Freddy E. Calitri Freddy E. Calitri 7/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

**Calitri Enterprises, Inc.**

2  
434 hwy 190  
p.o.Box 130  
Niceville Fla. 32588-0130

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July 19, 1999

Florida Department of State  
Division of Corporations

Dear ; Sir,

Enclosed is our check #3568 for \$150.00. I apologize for the lateness of this check, but I have been very ill with heart problems. I have been in the hospital. I hope that the delay has not caused you any inconvenience. Please except this check, for it won't happen again.

Sincerely,

*Fred Calitri*  
Fred Calitri