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 # 382803

DIMAIO ENTERPRISES, INC.

Principal Place	Mailing Address	iress				14145 ala a			
1215 SO 30TH	AVE	PO BOX 290295 N/A							
PO BOX 290295		PO BOX 290295				DO NOT WRITE IN THIS SPACE			
HOLLYWOOD FI	L 33020	DAVIE FL 33329 US			L.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US US					3	05/25/1971			
- 5 : : : : : : : : : : : : : : : : : :	A.D. disease	a Marilian Addross				FEI Number		1-37	Applied For
⊢ ¬ `	ace of Business	2a. Mailing Address			*	59-1351844			Not Applicable
Suite, Apt.	4 -4-	Suite, Apt. #, etc.				<u> </u>			Additional
	#, etc.	27			5	Certifcate of Status Desired	Ø		Required
City & State	المراسعة شوال المشير الرابال والمالية	City & State				Election Campaign Financing		\$5.0	May Be
23	•	28			"	Trust Fund Contribution	' []		to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year		rrent year Int	angible	
24	25	29 30	ดี			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10). Name and Address of New	Registered	Agent	
,					ame				ĺ
DIMAIO, FREDERICK			8	2 Str	reet Address (P.O. Box Number is Not Acce	otable)	·	
	STIRLING RD.								
APT			8	3					
HOL	LYWOOD FL 33024		8	4 Cit	tv			85 Zi	p Code
'			l l		•		FL	. '	
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									
11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above-interest of the appointment as 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Change	e
NAME	DIMAIO,FREDERICK		1.2 NAME	Ε					ļ
STREET ADDRESS	7610 STIRLING RD.		1.3 STRE		RESS				ļ
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-	-\$T-ZIP			700		
TITLE	D	☐ DELETE	2.1 TITLE					Chang	e
NAME	DIMAIO, JEANNE		2.2 NAME						
STREET ADDRÉSS			2.3 STRE	2.3 STREET ADDRESS					1
CITY-ST-ZIP	HOLLYWOOD FL			-ST-ZIP			<u></u>		
TITLE	The second secon	DELETE	3.1 TITLE		, -		,	Chang	e Addition
NAME			3.2 NAM8	E					}
STREET ADDRESS			3.3 STRE	ET ADDF	RESS		•		ļ
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	·				
TITLE		☐ DELETE	4.1 TITLE	=				☐ Chang	e
NAME			4, 2 NAM	ΙE					ļ
STREET ADDRESS			4.3 STRE	ET ADD	RESS				1
CITY-ST-ZIP	<u> </u>		4.4 CITY	-ST-ZiP					
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	e
NAME	• .		5.2 NAME	E					Ĭ
STREET ADDRESS			5.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP			5.4 CITY			<u></u>			
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	e 🔲 Addition
NAME		•	6.2 NAMI	E					
STREET ADDRESS			6.3 STRE	ET ADDF	RESS	•			1
CITY-ST-ZIP	医结肠 有部		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, or on an attachment with an address, with all other like empowered.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90254 020 ***158.75