1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **422066** 1. Corporation Name

RAUCCI, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90207 003 ***150.00



Principal Place	e of Business	Mailing Address				
520 DIANNE BLVD. 520 DIANNE BLVD.						
MERRITT ISLANDO FL 32953 MERRITT ISLANDO FL 32953					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					03/26/1973	ļ
2. Dringing O	Iona of Business	2a. Mailing Address			4. FEI Number Applied For	-
	lace of Business	} 1 -			59-1469033 Not Applica	_
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		\$8.75 Additional	_
22		27	¬ '' '		5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing 55.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible	
24	25 29 30				Personal Property Tax. Yes No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent	
5414	001 4 4 5 5 7		8	1 Name		
	CCI, LARRY		8	2 Street A	Address (P.O. Box Number is Not Acceptable)	-
520 DIANNE BLVD						
MEH	RITT ISLAND FL 32953		8	3		
			8	4 City	85 Zip Code	
			İ	1	FL _	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-named corpor	corporation submits this statement for the purpose of changing its registered	ed
office of n	egistered agent or both, in the state of m familiar with and accept he obligat	tions of, Section 607.0505, Florid	a Statute	y the corpor s.	oration's board of directors. I hereby accept the appointment as registered	Ì
SIGNATURE	1 Torry 1/1	recesi			3-5-99	-
OIGHATORE,	Signature typed or printed name of registered agen	t and title if applicable. (NOTE: Re		ent signature req	equiled with reinscapily)	6
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S /	☐ DELETE . 1.1 TI			□ Change □ Not	
NAME	MANDATO, L] }
STREET ADDRESS	300 RAQUETTE CT		1	ET ADDRESS		1 8
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		1.4 CITY-		☐ Change ☐ Ado	fition
TITLE	D	☐ DELETE	2.1 TITLE		Chaile Chai	
NAME			2.2 NAME			
STREET ADDRESS	236 VIA DEL LA RINA		1	ET ADDRESS		-
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		2. 4 CITY		☐ Change ☐ Ado	lition ~
TITLE	_		3.1 TITLE	ľ	Change C Acc	
NAME	RAUCCI, E		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			}
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	☐ DELETE	3.4. CITY		☐ Change ☐ Ado	fition
TITLE	_		4 1 TITLE		_ Ontarigo	}
NAME	RAUCCI, L		4. 2 NAM			
STREET ADDRESS	520 DIANA BLVD.		1	ET ADORESS		
CITY-ST-ZIP			4.4 CITY-		☐ Change ☐ Ado	dition
TITLE			5.1 TITLE 5.2 NAME			
NAME				ET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		□ nei ete	5.4 CITY- 6.1 TITLE		☐ Change ☐ Add	ition
TITLE		☐ DÉLETE	6.2 NAME	1	C change	
NAME				ET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY	SI-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 fociever 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.

SIGNATURE:

OFFICER OR DIRECTOR

Daytime Phone #