FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90190 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # 434588

 Corporation 	Name						
TUBETE	C, INC.						
					E PROBLEM ANDRO MENT BARRA CHIEN EMARKA CHIEN CHI	III 2 40ii 210 ii 010ii 01	
Principal Place	e of Business	Mailing Address			I (BEI)t dinne titti ninki mint entet imit		1811 61811 1661
301 BROWN AVENUE 301 BROWN AVENUE							
SANFORD FL 32771 SANFORD FL 32771					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					09/07/1973		Ì
2 Principal DI	lace of Business	2a, Mailing Address			4. FEI Number	Apr	ofied For
_ '	lace of Dustriess	26			59-1510696	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	dditional
22					5. Certifcate of Status Desired	Fee Rec	
City & State	e e	City & State		-	6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24	25 29 30				Personal Property Tax.		□No
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
5041	TO AND LAND		81	Name			
FRANA, FRANK J. 111			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2822 TUPELO COURT				//3 /4	ED SKY COURT		
LONGWOOD FL 32779			83				
			84	City		85 Zip C	746
			1	LAKE			
Affice or e	agistared agent or both in the State	of Florida, Such change was allif	nonzen nv	me comorau	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.	· · · · · · · · · · · · · · · · · · ·			
SIGNATURE					ed when reinstating) DATE		
42	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: RID DIRECTORS	13.	t signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	CEO	DELETE	1.1 TITLE		7,007,1101107	☐ Change	Addition
NAME	_		1.2 NAME				
STREET ADDRESS	TIPATES, TIPATES O ON		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-\$1			/	}
TITLE			2.1 TITLE		- L-18 F	Change	Addition
NAME	FRANA, FRANK J III			ł			
STREET ADDRESS	Thatea, Thatea on		2.3 STREET	ADDRESS /	13 RED SKY COURT LAKE MARY, FL - 32		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	AKE MANY, FL - 32	2746	
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	•		3.2 NAME				
STREET ADDRESS	1892 WINGFIELD DR		3.3 STREET	ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY-S	T-ZIP	<u> </u>		
TITLE			4.1 TITLE			Change	Addition
NAME	FRANA, RUTH 4.		4. 2 NAME				
STREET ADDRESS	2822 TUPELO COURT		4.3 STREET	ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 440		4.4 CITY-S	T-ZIP			
TITLE	VP					Change	☐ Addition
NAME	FRANA, STEPHEN 5.21		5.2 NAME				
STREET ADDRESS	2100 PUERTO RICO RD			ADDRESS			
CITY-ST-ZIP	DEETONA I E			Γ-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	1		6.2 NAME				

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 in an attribute with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP