FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90115 003 ***158.75

1999

DOCUMENT # 551128

R.I. BANDINI INC

U-J-	DANUIN,	IMO:	

Principal Place of Business Mailing Address

110 LAKE EMERALD DR
407
FT LAUDERDALE FL 33309
US

Mailing Address

110 LAKE EMERALD DR
407
FT LAUDERDALE FL 33309
US

DO NOT WRITE	IN THIS SPACE

US		US				3.	Date Incorporated or Qualifed 11/14/1977		4-4-
2.	Principal Place of Business	2a	. Mailing Address			4.	FEI Number		Applied For
21		26					59-1777973		Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional ee Required
23	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be
24	Zip Country 25	29	Zip Cou	intry	•		This corporation owes the current year Inta Personal Property Tax.	ingible	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
CARLAN, C.B., ESQ. 3100 EAST OAKLAND PARK BOULEVARD			81	Name					
			82	Street Addres	eet Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33308		83							
				84	City		FL	85	Zip Code
11	 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Flori	da. Such change was authorized	l by t	the corporation	ation's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoin	changi itment	ng its registered as registered
SI	GNATURE		More Deliver				einstating) DATE		
	Signature, typed or printed name of registered agent a	na iiwe	ii applicable. (NOTE: Registered	Ayent	signature required v	ALIGH L	errisiaurių) DATE		

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature i	required when reinstating)	DATE	—— L
12,	OFFICERS AND DIRECTORS	13.		TO OFFICERS AND DIRECT	TORS IN 12
TITLE	PVT DELETE	1.1 TITLE	1	☐ Chang	
NAME	BANDINI, R J	1.2 NAME			
STREET ADDRESS	2147 N. STATE RD 7	1.3 STREET ADDRESS			[
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Chang	e
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			,
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME		3.2 NAME		K.	
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	e
NAME		4, 2 NAME			ļ
STREET ADDRESS		4.3 STREET ADDRESS			Ì
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	,	☐ Change	e ☐ Addition
NAME	**w	5.2 NAME	- "	* • • *	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			}
STREET ADDRESS		6.3 STREET ADDRESS			}
CITY-ST-ZIP		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.

SIGNATURE: Me

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/59 Date

CR2E034 (11/9