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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

50Y

Kalm Beach

Street Addres

82

83

1999 DOCUMENT #

QUANTO OLIO, INC.

Principal Place of Business

P. O. BOX 1626 DELRAY BEACH FL 33447

2. Principal Place of Business

FULLE, M K

200 NAC FARLANE DR.

BOYNTON BEACH FL 33483

5×45

City & State

Suite, Apt. #, etc.

Mailing Address

P. O. BOX 1626

2a. Mailing Address

City & State

Suite, Apt-#, etc.

3943

26

. 29

9. Name and Address of Current Registered Agent

DELRAY BEACH FL 33447

5845 Ocean Block

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

08-19-1999 90001 026 ***550.00

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	DO NOT WRITE IN THIS SPACE	=
	3. Date Incorporated or Qualified 02/15/1978	
	4. FEI Number	Applied For
	59-1805911	Not Applicable
•	l E Cortificate of Status Desired	75 Additional— ee Required
	•• • • • •	.00 May Be ided to Fees
,	This corporation owes the current year Intangible Personal Property. Yes	⊠′No
	10. Name and Address of New Registered Agent	
4 n	ille mk	
ddrac	ss (P.O. Roy Number is Not Acceptable)	

Zip Code 84 Stuar 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 607.6505, Florida Statutes.

SIGNATURE

SIGNATURE

SIGNATURE Fulle SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE Change Addition TITL F __ DELETE VAN HOOGEN, NEIL 12 NAME Ven NAME Hoogen, 2093 CIRCLE PLACE 5845 Octon 1.3 STREET ADDRESS STREET ADDRESS <u> 33435</u> LANTANA FL Ocean Ridge 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE X Change Addition D VAN HOOGEN, PAULA 2.2 NAME Van Hoogen, Pay NAME 2093 CIRCLE PLACE 2.3 STREET ADDRESS STREET ADDRESS 45 Ocery 33435 LANTANA FL cean Rid 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change Addition ST TITLE ___ DELETE $\mathcal{L}\mathcal{D}$ FULLE, M K Fulle, MK 3 2 NAME NAME 5042 S.E. Brandywine Way 200 MAC FARLENE DR. 3.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** 3.4 CITY-ST-ZiP CITY-ST-ZIP 4.1 TITLE ___ Change ____ Addition TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE TITLE DELETE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

CR2E034 (5/99)