

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90046 014 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 605735**

1. Corporation Name  
**CONFORTI ENTERPRISES, INC.**

Principal Place of Business  
225 S. DIXIE HWY.  
POMPANO BEACH FL 33060

Mailing Address  
225 S. DIXIE HWY.  
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **P.O. Box 2324**

Suite, Apt. #, etc.

22

23 **Pompano Beach, FL**

Zip

24 **33061**

Country

25

2a. Mailing Address

26 **P.O. Box 2324**

Suite, Apt. #, etc.

27

28 **Pompano Bch FL**

Zip

29 **33061**

Country

30

3. Date Incorporated or Qualified

**01/05/1979**

4. FEI Number

**59-1867755**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CONFORTI, MICHAEL R.**  
**225 S. DIXIE HWY.**  
**POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name

**Ronald Muscarella**

82 Street Address (P.O. Box Number is Not Acceptable)

**4536 N. UNIVERSITY DR.**

83

84 City

**Lauderhill**

**FL**

85 Zip Code

**33301**

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 607.0505, Florida Statutes.

SIGNATURE

**Ronald Muscarella**

(NOTE: Registered Agent signature required when reinstating.)

DATE

**1/22/99**

12. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ DELETE  
NAME **CONFORTI, MICHAEL R.**  
STREET ADDRESS **124 S LAUREL DRIVE**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **P.O. Box 2324**  
1.4 CITY-ST-ZIP **Pompano Bch., FL. 33061**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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, with all other like empowered.

SIGNATURE:

**Michael R. Conforti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/99**

Date

Daytime Phone #

CR2E034 (11/98)