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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 606473

GIOVANNI ENTERPRISES, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90005 049 \*\*\*150.00

		and the second	S. Terlin	प्राह्मेंबर्फी संदे <u>।</u>	
Principal Plac	e of Business	Mailing Address		See a mile	
707 S ATLANTIC AVE 707 S ATLANTIC AVE ORMOND BEACH FL 32176-7815 ORMOND BEACH FL 32176-78			15	The same of the	
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/01/1979
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
26					59-1872837   Not Applicable
Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
22		27		<del></del>	<del></del>
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
23	0	28	Country		Trust Fund Contribution Added to Fees
_ `	Zip Country Zip				8. This corporation owes the current year Intangible Personal Property Tax
4	25	29 30	<u>'l</u>		Personal Property Tax. LI Yes LI No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ent Registered Agent	81	Name	ly, Haine and Address of New Registered Agent
GIOVANNI, GARY				, Talino	
707 S ATLANTIC AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	IOND BEACH FL		83		
01111	IOND BENOTITE				
			84	City	FL 85 Zip Code
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	602 and 607.1508, Florida Statutes, e of Florida. Such change was auth	the above orized by	e-named corp the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes		
SIGNATURE					
	Signature, typed or printed name of registered ag			it signature require	when reinstating) DATE
12.	<del> </del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PAST	C) necese	1.1 TITLE	}	, Gonardo Hacendo
NAME	GIOVANNI, GARY J		1.2 NAME		•
STREET ADDRESS	1		1.3 STREET ADDRESS		·
CITY-ST-ZIP	ORMOND BEACH FL	El acter	1.4 CITY-ST-ZIP		☐ Change ☐ Additio
TITLE	VPST	DELETE	2.1 TITLE		Charige Additio
NAME	GIOVANNI, LINDA G	•	2.2 NAME	}	
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CITY-S	ST-ZIP	
TITLE	VP	DELETE	3.1 TITLE		Tizabeth G. Rendry V. F. Ferange Addition
NAME	GIOVANNI, ELIZABETH G		3.2 NAME	0	Hizabery Sirents y
STREET ADDRESS			3.3 STREET	r address	
CITY-ST-ZIP	ORMOND BEACH FL		34, CITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	\ \ \	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME	(		5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME	}	1	6.2 NAME	}	
STREET ADDRESS			6.3 STREET	TADDRESS	
	<b>\</b>	İ	BACITY S	T 71D	

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-91 984-677-8060 Date Dayline Phone #

CR2E034 (11/98)