

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90049 049 ***150.00

DOCUMENT # 669435

1. Corporation Name

DURANTE INDUSTRIES, INC.

Principal Place of Business

4634 NW 8TH TERR
FT. LAUDERDALE FL 33309

Mailing Address

4634 NW 8TH TERR
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1980

4. FEI Number

59-1998697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5400 Sadler Rd

Suite, Apt. #, etc.

22 P.O. Box 1294

City & State

23 Zellwood, FL

Zip

24 32798

Country

25 Orange

2a. Mailing Address

26 Suite, Apt. #, etc. Same

City & State

Zip

29 Country

9. Name and Address of Current Registered Agent

RICHARD J DURANTE
3400 SPRING ST
POMPANO BEACH FL

new address:
5400 Sadler Rd
P.O. Box 1294
Zellwood, FL 32798

10. Name and Address of New Registered Agent

81 Name

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

83

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TV ☐ DELETE

NAME DURANTE, CARLA
STREET ADDRESS 3400 SPRING ST
CITY-ST-ZIP POMPANO BEACH, FL 00000

TITLE P ☐ DELETE

NAME DURANTE, RICHARD
STREET ADDRESS 3400 SPRING ST
CITY-ST-ZIP POMPANO BEACH, FL 00000

TITLE D ☐ DELETE

NAME MASEMAN, JOHN A
STREET ADDRESS 3400 SPRING ST
CITY-ST-ZIP POMPANO BEACH, FL 00000

TITLE D ☐ DELETE

NAME RONDA MASEMAN
STREET ADDRESS 3400 SPRING ST
CITY-ST-ZIP POMPANO BEACH FL

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

1.4 CITY-ST-ZIP

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:

Richard J. Durante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 407-880-1063

Date

Daytime Phone #

0286823

CR2E034 (11/98)