PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 671699

1. Corporation Name

PETER M. SPIRITO INC.

Principal Place of Business Mailing Address					_			BI HOLD DILIE IOI	IO 1801 BIOLI G	idil drait diari di	a ii a ibii 1881
123 DATE PALM DR			123 DATE PALM DR								
LAKE PARK FL 33403			LAKE PARK FL 33403								
US		US	US			<u></u>	DO NOT WRITE IN THIS SPACE				
						3	3. Date incorporated	or Qualifed			Į
							05/30/1980				"- 4 F
	lace of Business	2a. Mailing	Address			4	4. FEI Number				lied For
21		26					<u>59-1999771</u>			\$8.75 A	Applicable
Suite, Apt. #, etc.		}	Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired		Fee Re	
22 City 8 Carts		27.	City & State		<u> </u>	<u></u>				\$5.00	
City & State		— ·	<u> </u>			١,	 Election Campaign Trust Fund Contril 			Added to	· .
Zip	Country	28 Zip		Count			This corporation of		nt vear Int		
	25	 	3	_	,	*	Personal Property		ant year na		□No
24	9. Name and Address of Cui	[29]		<u>U;</u>			0. Name and Addre		eaistered		
	9. Hanie and Addiese of Gar	item registered re	<u></u>	. 8	1 Name						
SPIR	RITO, PETER M			L	<u> </u>						
	DATE PALM DR			8	2 Street	Address	(P.O. Box Number is	Not Accepta	bie)		
	E PARK FL 33403			8	3						
				Ľ							
	•			8	4 City				FL	85 Zip C	ode
44 Diseasement	to the provisions of Sections 607.	0502 and 607 1508	Florida Statutes	the abo	_ ve-named	corporati	ion submits this state	ment for the	nurnose of	changing its	registered
office or r	paretored agent or both in the St	ate of Florida, Such	change was aut	horized b	v the corp	oration's	board of directors. I I	hereby accep	t the appoi	ntment as reg	jistered
agent. I a	m familiar with, and accept the ob	ligations of, Section	607.0505, Florid	ia Statute	es.						
SIGNATURE	Signature, typed or printed name of registered	annat and title if applicable	(NOTE: R	lagistered &	jent signature	required whe	n reinstation)		DATE		
12.		AND DIRECTORS	. (1012.11	13.	Jejik Bigilataro		ADDITIONS/CHAN	GES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
TITLE	POT		DELETE	1.1 TITLE		T	•			Change	Addition
NAME	SPIRITO, PETER M			1.2 NAMI	=	١.					
STREET ADDRESS	123 DATE PALM DR.			1.3 STRE	ET ADDRESS	'					
CITY-ST-ZIP	LAKE PARK FL			1.4 CITY	ST-ZIP						
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NAME				2.2 NAMI	E						
STREET ADDRESS				2.3 STRE	ET ADDRESS						
CITY-ST-ZIP				2. 4 CITY		ì	•				
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NAME				3.2 NAM	.	1	_	. •	-		ے ۔
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CITY-ST-ZIP				3.4. CITY	-ST-ZIP			•			
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NAME	Į			4. 2 NAM	E						
STREET ADDRESS					ET ADDRESS						
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	<u> </u>			4,4 CH Y	SI-ZP	1					-
((IILE			☐ DELETE	5.1 TITLE	-ST-ZIP	<u> </u>				Change	Addition
TITLE			☐ DELETE	-						Change	Addition
NAME			DELETE	5.1 TITLE 5.2 NAM						Change	Addition
NAME STREET ADDRESS			DELETE	5.1 TITLE 5.2 NAM	E EET ADDRESS					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TITLE 5.2 NAM 5.3 STRE	E EET ADDRESS - ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE				5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E EET ADDRESS - ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	E EET ADDRESS - ST-ZIP						

SIGNATURE:

14. I hereby certify that the information supplied with this findicated on this annual report or supplemental annual officer or director of the concertion or the receiver or Block 12 or Block 13 if changed, or on an attachment

CITY+ST-ZIP

ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an existe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90075 045 ***150.00