## 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 # 686977

R.L. FINOTTI CORP.

Principal Place of Business

7619 WASHINGTON STREET P.O. BOX 597 Mailing Address

7619 WASHINGTON STREET P.O. BOX 597

## FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90023 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PORT RICHEY FL 34673		PORT RICHEY FL 34673				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/09/1980			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	1
21	400 0. 245000					59-2024657		lot Applicable	N
Suite, Apt. i	#. etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		<b>—</b>	27			5. Certifcate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country			8. This corporation owes the current year Inta	ngible		
24	25	29	30			Personal Property Tax.	☐ Yes	DNO	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered A	gent		
				81 N	lame				
	ITTI, DIANNE F			82 S	troot Addror	ss (P.O. Box Number is Not Acceptable)	<del></del>		ł
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44 - Diaminate	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	es the a	hove-na	amed corpor		hanging i	s registered	1
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at pations of, Section 607.0505, Flor	uthorized rida Stat	by the utes.	corporation	ration submits this statement for the purpose of c is board of directors. I hereby accept the appoin	ment as r	registered	
SIGNATURE						when reinstating) -2 + 527 DATE			Ι,
	Signature, typed or printed name of registered ag	117		Agent sign	nature required v	when reinstating): DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	1 3
12.	PSTD OFFICERS A	ND DIRECTORS	13.	TI C		ADDITIONS CHARGES TO STATE OF AND	[] Change		
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STREET ADDRESS				ITV_ST_7					

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** 

NATURE AND TYPED OR INTINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 (727)842-5952