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**

DOCUM	MENT # COCCO				1		
1. Corporation	MENT # 698600						
JOHN E. FRISOLI, INC.) (ABUG BILLS) SUST (SUS SUS) SPUL ISUS	:#41 61611 6 1611 61611 6 1	Tel Bla lf 188 5
Principal Place of Business Mailing Address					- 4 108110 81114 10145 16119 01111 08111 0811 3		IIS DIDII SEDI
2605 KANUGA RD. HENDERSONVILLE NC 28739		J FRISOLI					
		P O BOX 985 HENDERSONVILLE NC 28793			DO NOT WRITE IN THIS SPACE		
		U\$	US		3. Date Incorporated or Qualifed		
2 Dringing D	2a. Mailing Address	ng Address		08/10/1981 4. FEI Number	Apr	lied For	
2. Principal Place of Business		26		13-3084169	<u> </u>	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		City & State		6. Election Campaign Financing \$5.00 May Be			
City & State		28		Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent	81	Name	. Name and Address of New Negiste	ilea Agoin	
MICHELSON, STUART R.				Street Addre	ess (P.O. Box Number is Not Acceptable)		
	W HILLSBORO BLVD.	8		- Suest Addit	Con the transport of th		
DEEF	RFIELD BCH. FL 33441		83				
				City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	-named corpo	pration submits this statement for the nurnor	e of changing its	registered
office or c	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was author	nnzen nv	me corporado	n's board of directors. I hereby accept the	ippointment as reg	istered
SIGNATURE	•						
12.	Signature, typed or printed name of registered age	nt and title if applicable. , (NOTE: Red ID DIRECTORS	gistered Agen	t signature required	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD OFFICERS A	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FRISOLI, JOHN E	I, JOHN E				•	
STREET ADDRESS	2605 KANUGA RD. 138		1.3 STREET	ADDRESS			Ì
CITY-ST-ZIP	112.19		1.4 CITY-ST 2.1 TITLE	T-ZIP	,	☐ Change	Addition
TITLE			2.2 NAME			<u></u>	
NAME STREET ADDRESS	1111000, 1101117, 32-11		2.3 STREET	ADDRESS			ł
CITY-ST-ZIP	The second secon		2. 4 CITY - S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	,		3.2 NAME				
STREET ADDRESS			3.3 STREET 3.4. CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	11-231		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		L'I DELETE	5.1 TITLE 5.2 NAME			ப்பக்க	
NAME STREET ADDRESS			5.3 STREET	T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition

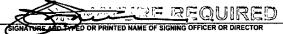
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS



FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90147 045 ***150.00