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 # F20779 1. Corporation Name

JOSEPH F. CATANZARO ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address		-				
6021 BAYVIEW DRIVE		6021 BAYVIEW DRIVE			ļ			
FT. LAUDERDA		FT. LAUDERDALE FL 3330	8					
us US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 02/23/1981			
2. Principal P	2a. Mailing Address			4. FEI Number	Apı	olied For]	
21		26			59-2079299	Not	Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			0. 0. 	Fee Re	quired	1
City & State		City & State			6. Election Campaign Financing	\$5.00	•	
23		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax				
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registere		LINU	1
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	IV. Italie and Address of New Registere	u Agent		1
CAT	ANZARO, JACKIE					· .		1
	1 BAYVIEW DRIVE		8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)			
FT.	LAUDERDALE FL 33308		8	3		_ *		1
	•							1
			8	4 City	F	85 Zip C	ode	
agent. I a	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with fa	ations of, Section 607.0505, Flo	orida Statute	is.	on's board of directors. I hereby accept the appearance of the app			هَ ا
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12] §
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition	3
NAME	CATANZARO, JOSEPH F		1.2 NAME					13
STREET ADDRESS	6021 BAYVIEW DR		1.3 STRE	ET ADDRESS				1
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-	ST-ZIP				׆ָּ ﻟְ
TILE	VD	☐ DELETE	2.1 TITLE		•	☐ Change	Addition	Ι`
NAME	CATANZARO, JACKIE	•	2.2 NAME		•			1
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY			[] Change	☐ Addition	$\frac{1}{2}$
TITLE		☐ DELETE	3.1 TITLE	ļ		☐ Change		
NAME			3.2 NAME					1
STREET ADDRESS				ET ADDRESS	,			
CITY-ST-ZIP			3.4. CITY			☐ Change	☐ Addition	ł
TITLE		☐ DELETE	4.1 TITLE	1		Cloudinge		-
NAME			4, 2 NAM					l
STREET ADDRESS			1	ET ADDRESS				ì
- CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			- Change	Addition	=
TITLE			5.1 NAME	l l				
NAME STREET ADDRESS			-	ET ADDRESS		•		
			5.4 CITY	!				
CITY-ST-ZIP TITLE	 	☐ DELETÉ	6.1 TITLE			☐ Change	Addition	1
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STRE	ET ADDRESS				

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

SIGNATURE

FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90203 009 ***150.00