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 # **F44903**

GIARDINA ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | | - | | - I SERVERE THE BEST BUTCH DRIVER SINCE DIRECT OF | 1 0 11 | | |
|---|---|----------------|------------------------|------------|-----------------|---------------|--|---|---------------|-------------------|--|
| 2461 S STATE RD #7 P O BOX 17796 | | | | • | - | | | | | | |
| FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33318 US . US | | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| 00 | · | • | | | | | | 3. Date incorporated or Qualifed | | | |
| | | | | | | | | 09/08/1981 | | | |
| 2. Principal P | Mailing Address | ailing Address | | | | 4. FEI Number | | Applied For | | | |
| 21 | | | 26 | | | | | 59-2133781 | | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | ++ | 5 Additional | |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired | Fee | Required | |
| City & State | | | City & State | | | | يتنبسيخ | 6. Election Campaign Financing | | 0 May.Be | |
| | | | | | | | | Trust Fund Contribution | Add | ed to Fees | |
| Zip Country | | | Zip Count | | | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 | | 30 | | | | Personal Property Tax. | ☐ Yes | □No | |
| | 9. Name and Address of Currer | t Regis | tered Agent | | | | | 10. Name and Address of New Registered | Agent | | |
| CIAT | ODINA CALVATORE I | | | | 81 | Name | | | | } | |
| GIARDINA, SALVATORE J | | | | | 82 | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1030 SW 93 TERR. | | | | | | | | | | | |
| PLAI | NTATION FL 33324 | | | | 83 | | | | | | |
| } | | | | • | 84 | City | - | FI. | 85 Z | ip Code | |
| dd Dumuent | to the provisions of Sections 607.050 | 2 and 6 | 07 1508 Florida Statut | es the al | DOVE | e-named | COLDO | vation submits this statement for the nurnose of | changing | its registered | |
| office or r | egistered agent or both in the State | of Florid | la. Such change was a | uthonzed | l bv | the comp | oration | n's board of directors. I hereby accept the appoint | ntment as | registered | |
| agent. I a | m familiar with, and accept the obliga | tions of, | Section 607.0505, Flo | nda Stati | utes. | - | | | | ì | |
| SIGNATURE | | at and title | f analizable (NOTE | Pagistered | Agen | t eigneture i | required t | when reinstating) DATE | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | | -PP | 13. | Ayan | it aignature | i oquii oo | ADDITIONS/CHANGES TO OFFICERS AN | ID DIREC | TORS IN 12 | |
| TITLE | PD DELETE | | | | 1.1 TITLE | | | | Chan | | |
| NAME | GIARDINA, SALVATORE J | | 1.2 NA | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 1030 SW 93RD TERR | | | | | ADDRESS | ļ | | | | |
| | PLANTATION, FL 00000 | | | | | | | | | | |
| CITY-ST-ZIP | S DELETE | | | | 1.4 CITY-ST-ZIP | | | | ☐ Chan | ge Addition | |
| | GIARDINA, DEBRA | | | • | 2.2 NAME | | | | | | |
| NAME | 1030 S.W. 93 TERR. | | | | | TADDRESS | | | | i | |
| STREET ADDRESS | PLANTATION FL | | | | | | . | | | Ĺ | |
| CITY-ST-ZIP | PLANTATION FL | | ☐ DELETE | 2. 4 C | | 31-ZIP | ļ — | | Chan | ge Addition | |
| TITLE | | | | = 32N | | | ļ | | | | |
| HANG | | | | | | | | | | | |
| STREET ADDRESS | | | | 1 | | T ADDRESS | | | | İ | |
| CITY-ST-ZIP | : | | ☐ DELETE | 3.4. U | | ST-ZIP | | | Chan | ge Addition | |
| TITLE | | | _ DECE 1E | - 6 | | | | | | , | |
| NAME | | | | 4.2 N | | | | • | | İ | |
| STREET ADDRESS | · | | | | | T ADDRESS | | | | 1 | |
| CITY-ST-ZIP | | | ☐ DELETE | 4.4 CI | | T-ZIP | - | | Chan | ge Addition | |
| TITLE | | | ☐ DELETE | 5.1 TI | | | | • | | ac [], (acido.;] | |
| NAME | | | | 5.2 N/ | | T 4 DD0000 | | | | . [| |
| STREET ADDRESS | | | | 1 | | T ADDRESS | | | | i | |
| CITY-ST-ZIP | | | | 5.4 CI | | I-ZIP | - | | [] Che- | ge | |
| TITLE | | | ☐ DELETÉ | 6.1 TI | | | | | Chan | ge LJ Addition | |
| NAME | | | | 6.2 NA | | | | | | 1 | |
| | , | | | 6.3 ST | REET | T ADDRESS | 1 | | | | |

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 dynam attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90031 039 ***150.00