

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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90080 018 \*\*\*150.00

DOCUMENT # **F61023**

1. Corporation Name  
**MANTOVANI, INC.**



Principal Place of Business  
691 DOUGLAS STE 105  
P O BOX 521746  
LONGWOOD FL 32752-1746  
US

Mailing Address  
691 DOUGLAS AVE STE 105  
P O BOX 521746  
LONGWOOD FL 32752-1746  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                     |                                                                                          |                                                                                                                                      |                                |                               |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>12/30/1981                                                                                      | 4. FEI Number<br>59-2146542    | Applied For<br>Not Applicable |
|                                                                                                     |                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/>                                                                            | \$8.75 Additional Fee Required |                               |
|                                                                                                     |                                                                                          | 6. Election Campaign Financing <input type="checkbox"/>                                                                              | \$5.00 May Be Added to Fees    |                               |
|                                                                                                     |                                                                                          | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                               |

9. Name and Address of Current Registered Agent

MANTOVANI, COSMO C.  
691 DOUGLAS AVE  
STE 105  
ALTAMONTE SPRGS FL 32714

10. Name and Address of New Registered Agent

|                                                       |    |
|-------------------------------------------------------|----|
| 81 Name                                               |    |
| 82 Street Address (P.O. Box Number is Not Acceptable) |    |
| 83                                                    |    |
| 84 City                                               | FL |
| 85 Zip Code                                           |    |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANTOVANI, COSMO C                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1660 WARWICK PLACE                  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LONGWOOD, FL 00000                  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | PTS <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANTOVANI, COSMO C                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1660 WARWICK PLACE                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LONGWOOD, FL 00000                  | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 6.4 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.

SIGNATURE:

*Ennio Mantovani* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y-5-99

Date

407-662-7787

Daytime Phone #

CR2E034 (1/198)

0066407