

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # F64454 (4)

1. Corporation Name
FAITELLA ENTERPRISES, INC.



Principal Place of Business: **% JOSEPH FAITELLA, JR 1218 ORANGE AVENUE FORT PIERCE FL 34950**
Mailing Address: **% JOSEPH FAITELLA, JR 1218 ORANGE AVENUE FORT PIERCE FL 34950-8858**

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | | 29 | Zip |
| | | 30 | |

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/25/1982 | 3a. Date of Last Report 02/11/1996 |
| 4. FEI Number 59-2186877 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**FAITELLA, JOSEPH, JR
1218 ORANGE AVENUE
FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 | DP <input type="checkbox"/> DELETE | 1.1 T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAITELLA, JOSEPH, JR | 1.2 N | |
| STREET ADDRESS | 1218 ORANGE AVE | 1.3 S | |
| CITY-ST-ZIP | FT PIERCE, FL 00000 | 1.4 C | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 N | |
| STREET ADDRESS | | 2.3 S | |
| CITY-ST-ZIP | | 2.4 C | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 N | |
| STREET ADDRESS | | 3.3 S | |
| CITY-ST-ZIP | | 3.4 C | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 N | |
| STREET ADDRESS | | 4.3 S | |
| CITY-ST-ZIP | | 4.4 C | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 N | |
| STREET ADDRESS | | 5.3 S | |
| CITY-ST-ZIP | | 5.4 C | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 N | |
| STREET ADDRESS | | 6.3 S | |
| CITY-ST-ZIP | | 6.4 C | |

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct 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 act for the corporation and that my signature shall have the same legal effect as if made under oath, that appears in Block 12 or Block 13 if changed, or on any attachment with an address, as stated in this report as required by Chapter 607, Florida Statutes; and that my name

CR2E034 (9/96)