

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

|                                              |                                                                                   |                                                                                                          |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # F70454**  
1. Corporation Name  
**OLD BRIDGE, INCORPORATED**

|                                                                                                                |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>7950 CENTRAL INDUSTRIAL DRIVE<br/>#101<br/>RIVIERA BEACH FL 33404<br/>US</b> | Mailing Address<br><b>7950 CENTRAL INDUSTRIAL DRIVE<br/>#101<br/>RIVIERA BEACH FL 33404<br/>US</b> |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 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 |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent  
**MININNI, ANTONIO  
7950 CENTRAL INDUSTRIAL DRIVE #101  
RIVIERA BEACH FL 33404**

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)

| 12. OFFICERS AND DIRECTORS |                                  |
|----------------------------|----------------------------------|
| TITLE                      | PSD                              |
| NAME                       | MININNI, ANTONIO                 |
| STREET ADDRESS             | 7950 CENTRAL INDUSTRIAL DR. #101 |
| CITY-STATE-ZIP             | RIVIERA BEACH FL                 |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-STATE-ZIP             |                                  |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-STATE-ZIP             |                                  |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-STATE-ZIP             |                                  |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-STATE-ZIP             |                                  |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/04/1982**

4. FEI Number  
**59-2202448**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property ☒ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

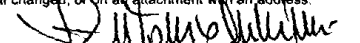
61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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.

SIGNATURE:  **ANTONIO MININNI** 561-8424999

FILED  
99 JUL 14 PM 12: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E034 (5/99)

# *Michael C. Becker & Co.*

*Certified Public Accountants*

1897 Palm Beach Lakes Blvd.  
Suite 210  
West Palm Beach, Florida 33409

West Palm Beach (561) 689-4093  
Boca Raton (561) 391-0945  
Miami (305) 266-6691  
Fax (561) 697-4359

June 30, 1999

Florida Department of State  
Annual Reports Section  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: 1999 Corporation Annual Report  
TIN: 65-0831279 Pisa Importers, Inc.  
TIN: 59-2202448 Old Bridge, Inc.

Dear Sir/Madam:

With regard to the enclosed 1999 reports, the taxpayer respectfully requests an abatement of the late filing penalties due to extenuating circumstances. The owner of the above-listed corporations was distraught when he opened the mail today and found out that the 1999 reports had not been filed.

The owner of the above corporations, Antonio Mininni, has suffered numerous serious health problems during the first half of 1999. Mr. Mininni has been removed from his office by emergency medical services and hospitalized on several occasions and has undergone emergency surgery. Mr. Mininni's illness has impacted the operation of the above corporations as the only other individual employed with any authority is Mr. Mininni's spouse, who has been at his side during his health problems.

Mr. Mininni's hospital visits and doctors visits can be substantiated by his physicians and medical records.

These corporations are small family-owned corporations and the operations of these corporations have suffered due to Mr. Mininni's health problems. Mr. Mininni has worked hard in spite of his condition to try to maintain operations. The original 1999 Corporation Annual Reports were not signed and mailed to the State of Florida due to the upheaval associated with the owner's health problems.

The taxpayer is requesting relief due to the extenuating circumstances described above. Research regarding the taxpayers' history of filing its Annual Reports will show that the taxpayer has always been in compliance.

State of Florida  
June 30, 1999  
Page Two

Again, the taxpayer respectfully requests abatement of the late filing penalties and would appreciate your consideration in not imposing further penalties on these corporations. The owner's health problems have already been very costly to both the corporations and the owner.

The taxpayer will await your reply and appreciates your consideration of this matter.

Sincerely,



Carolyn M. Becker, CPA

CMB/slf

cc: Old Bridge, Inc.

Enc.