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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F76646 1. Corporation Name

MAESTRO'S, INCORPORATED

Principal Place	e of Business	Mailing Address	<u></u>				ili bibib b ali bib it .	01871 818 11 81871 8	1811 81811 1881
•		% ALEX P MACAR							
% ALEX P MACAR									
TAMPA FL 33613 TAMPA FL 33613						OD NOT V	WRITE IN THIS	SPACE	
						3. Date Incorporated or Quali	fed		
		Some in the second				04/19/1982			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Api	plied For
26			_			59-2187462		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					 d □	\$8.75 △	dditional
27						5. Certificate of Status Desire	. U	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financi	ing 🗆	\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the	current year In	tangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of Ne	w Registered	Agent	
			- [8	3 1 N	Name			•	
	CAR, ALEX P		-	27 6	Stroot Addro	ss (P.O. Box Number is Not Acc	entable)		
14731 FLORIDA AVE				82 Street Addre		SS (F.O. BOX NUMBER IS NOT ACC	ершине)		.
TAM	PA FL 33613			B3					
			1	34 (City			85 Zip C	ode
			1		•		FL	- _ i	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut ate of Florida. Such change was a	es, the about	ove-n	named corpor	ration submits this statement for	the purpose of ccept the appo	f changing its intment as rec	registered sistered
agent, I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statut	es.	C Corporation				·
SIGNATURE									
OIQII II OIL	The second secon								
		17		gent sig	gnature required	when reinstating)	DATE	ID DISCOTO	DO 11 40
12.	OFFICERS	AND DIRECTORS	13.		gnature required	ADDITIONS/CHANGES TO			
	OFFICERS D	17	13.	E.	gnature required			ND DIRECTO	RS IN 12
12.	OFFICERS D MACAR, MARY E	AND DIRECTORS	13.	E.	gnature required				
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12. TITLE NAME	OFFICERS D MACAR, MARY E 14731 FLORIDA AVE TAMPA, FL 00000	AND DIRECTORS	13. 1.1 TITU 1.2 NAM	E LE EET AD	DDRESS			☐ Change	Addition
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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 attachagent with an address, with an other like empowered.

SIGNATURE:

CITY-ST-ZIP