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**

DOC	JMENT #	F83464

1. Corporation Name TRUNZANO, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90146 018 ***150.00



Principal Place	e of Business	Mailing Address			
1339 RODMAN	STREET	1339 RODMAN STREET			
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019					
		US		DO NOT WRITE IN THIS S	
				3. Date Incorporated or Qualifed 06/01/1982	ĺ
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	lace of pusitiess			59-2210403	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23	, ***, *******************************		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	ngible
24	25	29		t didditart reports rest	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered A	gent
FINIS	TEN DEDILLOR FOO		81 Name	C'CHARN TRUNTZ	
	STEIN, BERNARD ESQ.		82 Street Addr	RICHARD TRUNTZ ress (P.O. Box Number is Not Acceptable)	
	HARRISON ST			339 Rodman S	J
HOL	LYWOOD FL		83		
			84 City /_	1. ((85 Zip Code 3 3 0 1 9
			1 77	ollywood FL	
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	1502 and 607.1508, Florida Statutes, Ite of Florida. Such change was auth	the above-named corp orized by the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	tment as registered
agent. I a	m familiar with and accept the obli	gations of, Section 607.0505, Florida	Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	agent and tritle if explicable. (NOTE: Re	ed TRunT gistered Agent signature require	Z Pres. S	-16-99
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLÉ	PVD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUNTZ, RICHARD		1.2 NAME		
STREET ADDRESS	1339 RODMAN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	TRUNTZ, JOANN		2.2 NAME		
STREET ADDRESS	1339 RODMAN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		~
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		_
CITY-ST-ZIP			4,4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	· ·		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·		A 4 TOTA 6		□ or □ 4.4495.4
	1	□ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		C DELETE	6.1 IIILE 6.2 NAME		ChangeAddition [
}		☐ DELETE			Change According

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: