

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90048 029 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004877**  
 1. Corporation Name  
**FELIX EQUITIES, INC.**



Principal Place of Business P. O. BOX 650 154 ROUTE 202 & LOVELL ST LINCOLNDALE NY 10540 US	Mailing Address P. O. BOX 650 P. O. BOX 650 ROUTE 202 & LOVELL ST LINCOLNDALE NY 10540 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>10/28/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>13-3399858</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**XL CORPORATE SERVICES, INC.**  
**4435 OLD WINTER GARDEN ROAD**  
**ORLANDO FL 32802**

10. Name and Address of New Registered Agent

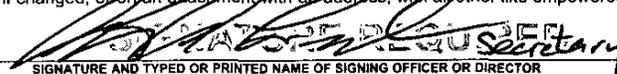
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO, FELIX M	1.2 NAME	
STREET ADDRESS	3 CAROL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAMARONECK NY 10543	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO, CAROL A	2.2 NAME	
STREET ADDRESS	3 CAROL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAMARONECK-NY-10543	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESCIO, WILLIAM J	3.2 NAME	
STREET ADDRESS	144 OLD BRIARCLIFF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY 10510	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, ALBERT A	4.2 NAME	
STREET ADDRESS	1770 FRENCH HILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN HEIGHTS NY 10598	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO, FELIX	5.2 NAME	<b>Petrillo, Felix J.</b>
STREET ADDRESS	3 CAROL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAMARONECK FL 10543	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:  **Secretary** **1-6-99** **914/248-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)