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

DOCUMENT # H28317

DEL MONTE FINANCIAL SERVICES, INC.

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90126 030 ***150.00



Principal Place of Business Mailing Address							
1634 MAIN ST		1634 MAIN ST	1634 MAIN ST		•		
P.O. BOX 3319		P.O. BOX 3319			DO NOT WRITE IN THIS SPACE		
SARASOTA FL	34236	SARASOTA FL 34236		3. Date Incorporated or Qualified			
					11/01/1984		· ·
5 Division 1 Di	10	2a. Mailing Address			4. FEI Number		Applied For
2. Principal Pl	<u>├</u> ─┐ - ⁻				59-2466550		Not Applicable
Suite, Apt.	# 212	Suite, Apt. #, etc.			35 2400330		Additional
	r, etc.	27			5. Certificate of Status Desired	•	Required
City & State	City & State City & State				6. Election Campaign Financing \$5.00 May Be		0 May Re
23	-	28			Trust Fund Contribution	•	d to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Ir	ıtangible	
24	25	29 30			Personal Property Tax.	☐ Yes	No
1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	1 Name	•		
	IGLIO, GEORGE V., JR.		82	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	MAIN ST		L				
SAR	ASOTA FL 34236		83	3			Ì
			84	f City		85 Zig	p Code
				'	Fi	L	
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, typeder printed name of registered agent and reflect it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PD Z	/- 	1.1 TITLE			Change	e 🔲 Addition
NAME	FAMIGLIO, GEORGE V. JR.	<u> </u>	1 2 NAME				į.
STREET ADDRESS	PO BOX 3319, N A		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 NAME	: [f
STREET ADDRESS			2.3 STREI	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	e 🗀 Addition
NAME			3.2 NAME	:	·		i
STREET ADDRESS		ľ	3.3 STREI	ET ADDRESS			-
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		·	Change	e 🔲 Addition
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	je 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-				
TITLE			6.1 TITLE			Change	e 🗋 Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	<u></u> .		

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 suppliemental 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 of 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 an attachment with an angless, with all other like empowered.

SIGNATURE: