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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H48403

Country

9. Name and Address of Current Registered Agent

25

LATONI, CARLOS

(0)

LATONI, INC.

Mailing Address

Principal Place of Business C/O CARLOS LATONI 611 GREYTWIG RD VERO BEACH FL 32963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

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Zip

C/O CARLOS LATONI 611 GREYTWIG RD VERO BEACH FL 32963

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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**FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible

1. Tay due time 30. Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 03/21/1985

59-2520506

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

611 GREYIWIG RU			82	82 Street Address (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32963			83			
			63			
			84	City	85 Zip Code	
					<b>i-L</b>   ! '	
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 reg stered 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						
On the indicate of registered agent and due it applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	CFFICERS AND DIREC	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	LATONI, CARLOS	L_1 DELETE	1.1 TITLE		LI Change LI Addition	
NAME	611 GREYTWIG RD		1.2 NAME			
STREET ADDRESS			1.3 STREET AD			
CITY-ST-ZIP	VERO BEACH FL	T per ere	1.4 CITY-ST-	ZIP		
TITLE		DETELE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AD	IDRESS		
CITY-ST-ZIP	THE PART WHEN TH	·	2. 4 CITY - ST -	ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	DRESS		
CITY-ST-ZIP			3.4. CITY - ST -	ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	Ì		
STREET ADORESS			4.3 STREET AD	DRESS		
CITY - ST - ZIP			4.4 CITY - ST - 2	DP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		·	
STREET ADDRESS		,	5.3 STREET AD	DRESS		
CITY-ST-ZIP			5.4 C(TY-ST-Z	IP I		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	- 1		
STREET ADDRESS			6,3 STREET AD	DRESS		
CiTY - ST - ZiP			6.4 CITY - ST - Z	1P		
14. Thereby c	14. Thereby certify that the information supplied with this filling 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 Black 12 or Block 13 if changed, or on an attachment with an address.						

Country

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