## 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 #

<ol> <li>Corporation</li> </ol>	INAME TO SOLUTION OF THE PROPERTY OF THE PROPE	PORATED				
Principal Place of Business Mailing Address						THE REST OF THE PERSON NAMED IN COLUMN TO SHADOW THE PERSON NAMED IN COLUMN THE PERSON NAMED IN COLUMN TO SHADOW THE PERSON NAMED IN COLUMN THE PERSON NAMED IN COLUMN TO SHADOW THE PERSON NAMED IN COLUMN THE PERSON NAMED IN COLU
% VINCENT DIR	NIBBIO	% VINCENT DIRUBB	10			·
580 E. ASH ST. 580 E. ASH ST.						
PERRY FL 32347 PERRY FL 32347						DO NOT WRITE IN THIS SPACE
		•				3. Date Incorporated or Qualifed 04/16/1986
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	26					<b>52-0943329</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			tc.			\$8.75 Additional
27						5. Certificate of Status Desired Fee Required
City & State	<u></u>	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coi	intry	,	8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
24	9. Name and Address of Curren		1901	Т		10. Name and Address of New Registered Agent
	o. Halle and Addiese of Californ	. , , , , , , , , , , , , , , , , , , ,		81	Name	
DIRU	BBIO, VINCENT			L		
702 SOUTH CENTER STREET				82	Street A	Address (P.O. Box Number is Not Acceptable)
	RY FL 32347			83		
1 5111	11 1 2 02041			03	٠.	
				84	City	■■ 85 Zip Code
					1	FL 85 Zip Code
l	to the provisions of Sections 607.050; agistered agent, or both, in the State on familiar with, and accept the obligat	2 and 607.1508, Florida of Florida, Such change tions of, Section 607.050	Statutes, the a was authorize 05, Florida Stai	bove d by cutes	e-named c the corpor i.	corporation submits this statement for the purpose of changing its registered to a board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTF: Registere	d Ager	nt signature rec	required when reinstating) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELI	ETE 1.1 T	ITLE		☐ Change ☐ Addition
NAME	DIRUBBIO, VINCENT		1.2 N	AMF		
	580 E. ASH STREET		_		TADDRESS	
STREET ADDRESS					ŀ	
CITY-ST-ZIP	,			ITY-S	11-ZIP	☐ Change ☐ Addition
TITLE	ST					- Stiplings - Addition
NAME	DIRUBBIO, MARIE A		2.2 N			
STREET ADDRESS	580 E. ASH STREET		2.3 S	TREE	TADDRESS	
.CITY-ST-ZIP	PERRY FL			CITY-S	ST-ZIP	
TITLE	•	□ DELI	ETE 3.1 T	ΠE		☐ Change ☐ Addition
NAME			3.2 N	AME	,	
STREET ADDRESS	•		3.3 8	TREE	TADDRESS	
CITY-ST-ZIP			3.4.	спу-я	ST-ZIP	· ·
TITLE		☐ DEL				Change Addition
NAME				MAME	-	
					TADDRESS	
STREET ADDRESS						
CITY-ST-ZIP		□ DEL			T-ZIP	☐ Change ☐ Addition
TITLE				IAME		
NAME					TADDOCAA	
STREET ADDRESS			B B		TADDRESS	
CITY-ST-ZIP					ST-ZIP	
TTILE		☐ DELI	•			Change Addition
NAME .			6.2 N	IAMÉ		
	†		639	TREE	TADORESS	

CITY-ST-ZIP SHALL TO THE 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.

6.4 CITY-ST-ZIP

SIGNATURE:

850-584-3696

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90192 032 \*\*\*150.00