

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90033 041 ***158.50

DOCUMENT # J27594

1. Corporation Name
J.E. VICTORINO, INC.

Principal Place of Business
**17956 US 19 NORTH
CLEARWATER FL 34624**

Mailing Address
**17956 US 19 NORTH
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

59-2739749

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

**VICTORINO, J. ENRIQUE
12367 138TH STREET, NORTH
LARGO FL 33774**

10. Name and Address of New Registered Agent

81 Name **MARY-LOUISE BRICCIETTI**

82 Street Address (P.O. Box Number is Not Acceptable)

18240 COUNTY LINE RD

83 **SPRING HILL**

84 City **SPRING HILL**

FL

85 Zip Code

34610

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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

Mary-Louise Briccetti

MARY-LOUISE BRICCIETTI

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **VICTORINO, J. ENRIQUE**
STREET ADDRESS **12367 138TH ST., NORTH**
CITY-STATE-ZIP **LARGO FL 33774**

TITLE ☒ DELETE
NAME **VICTORINO, MARY LOUISE**
STREET ADDRESS **12367 138TH STREET N.**
CITY-STATE-ZIP **LARGO FL 33774**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT.** ☒ Change ☐ Addition
1.2 NAME **MARY-LOUISE BRICCIETTI**
1.3 STREET ADDRESS **18240 COUNTY LINE RD**
1.4 CITY-STATE-ZIP **SPRING HILL, FL 34610**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Mary-Louise Briccetti

MARY-LOUISE BRICCIETTI

Date

Daytime Phone #

727 521 1301

CR2E034 (11/98)