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Mailing Address

9101 SR 535

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J41257

1. Corporation Name

Principal Place of Business

9099 SR 535

FERRARI, INCORPORATED

ORLANDO FL 32836		ORLANDO FL 32836 US					DO NOT WRITE IN THIS SPACE					
		0,	•				3.		Incorporated or Qualifed 03/1986			
2. Principal Place of Business			2a. Mailing Address				4.	. FEIN			Α.	Applied For
21			26					59-2	2746066		N	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	- Carti	fcate of Status Desired		•	Additional
22			7				3.	o. Ceru	icale of Status Desired		Fee F	Required
City & State			City & State				6	6. Elect	ion Campaign Financing		\$5.00	May Be
23							Trust	Fund Contribution		Added	to Fees	
Zip	Country Zip			Country			8	3. This	corporation owes the cur	rent year In	tangible	1
24	25	29		30				Pers	onal Property Tax.		☐ Yes	□No
- 1	9. Name and Address of Curren	vt Regi	stered Agent	*****			10	0. Nam	e and Address of New	Registered	Agent	
					81	Name						
YU, CYNTHIA					82	Street A	ddroes (/P O B	ox Number is Not Accept	ahle)		
9101 SR 535, SUITE 300				62	Olleel A	iddi ess (i	(r .Q. D	ox (40)(lbo) la (400) locope	doloj			
ORL	ANDO FL 32836				83							
											Tagl 3:	0-4-
					84	City				FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 607.050	12 and 1	607 1508 Florida Statut	tes. t	he above	-named o	orporatio	on subr	nits this statement for the	purpose of	f changing it	ts registered
office or re	egistered agent, or both, in the State	of Flor	ida. Such change was a	autho	rized by	tne corpoi	ration's b	board o	f directors. I hereby acce	pt the appo	intment as 1	registered
agent. I a	m familiar with, and accept the obliga	itions o	f, Section 607.0505, Fig	orida	Statutes	'						
SIGNATURE			// Along	C. D		t signature re	guired when	n revoctator		DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN			E: Regi	13.	t signature re-	quired wrier		TIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
TITLE	DP OFFICERS AN	ID DIK	DELETE	-	1.1 TITLE			71001			[] Change	
	YING, NELSON				1.2 NAME							_
NAME	9101 SR 535. SUITE 300				1.3 STREET	ADDDCCC						
STREET ADDRESS												
CITY-ST-ZIP	ORLANDO FL		□ DELETE		1.4 C/TY-5	1-ZIP					[7] Change	Addition
TITLE	VAS		[] DECE IE									
NAME	YONG, NELSON JR				2.2 NAME							
STREET ADDRESS	9101 SR 535, SUITE 300			- 1	2.3 STREET	1						\
CITY-ST-ZIP	ORLANDO FL				2. 4 CITY-5	T-ZIP					Change	e ☐ Addition
TITLE			☐ DELETE		3.1 TITLE						Change	, Tyddinoil
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET	ADDRESS						
CITY-ST-ZIP					3.4. CITY-S	T-ZIP						
TITLE			☐ DELETE	ı	4.1 TITLE						[] Change	e 🗌 Addition
NAME				ı	4. 2 NAME							
STREET ADDRESS				ı	4.3 STREET	ADDRESS						
ÇITY-ST-ZIP				l	4.4 CITY-S	r-21P						
TITLE			☐ DELETE		5.1 TITLE		•				[] Change	e
NAME					5.2 NAME							,
STREET ADDRESS					5.3 STREE	ADDRESS						i
CITY-ST-ZIP					5.4 CITY-5	T-ZIP						
TITLE		· · ·	☐ DELETE	7	6.1 TITLE						Change	e Addition
NAME			_	1	6.2 NAME							j
STREET ADDRESS					6.3 STREET	ADDRESS						_[
O LUCE I WODINE 99						,						-1

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

CITY-ST-ZIP