

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

99 SEP -1 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J41257

AMENDED 99

1. Corporation Name

FERRARI, INCORPORATED

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
P.O. BOX 22887

26 Suite, Apt. #, etc.
P.O. BOX 22887

4. FEI Number

59-2746066

Applied For

Not Applicable

22 City & State
LAKE BUENA VISTA, FL

27 City & State
LAKE BUENA VISTA, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country
32830 US

28 Zip Country
32830 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country
32830 US

29 Zip Country
32830 US

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **YU, CYNTHIA**
82 Street Address (P.O. Box Number is Not Acceptable)
C/O MARCO POLO, COLUMBUS AND FERRARI, INC.
83 **9101 S.R. 535, SUITE 300**
84 City **ORLANDO** 85 Zip Code **FL 32836**

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 *Cynthia Yu*

CYNTHIA YU **08/11/1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YING, NELSON
1.3 STREET ADDRESS	(N/A) P.O. BOX 22887
1.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
2.1 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YING, NELSON JR
2.3 STREET ADDRESS	(N/A) P.O. BOX 22887
2.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	000002983130--2
3.3 STREET ADDRESS	-09/09/99--01082--019
3.4 CITY-ST-ZIP	****183.75 *****61.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:

Nelson Ying
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON YING **08/11/1999** **(407)-876-1793**

Date

Daytime Phone #

CR2E034 (1/1/98)

KE