

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90079 035 ***158.75

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DOCUMENT # J83755

1. Corporation Name
JOE CICIO, INC.

Principal Place of Business
**121 E PRIMA VISTA BLVD
PORT ST. LUCIE FL 34983
US**

Mailing Address
**121 E PRIMA VISTA BLVD
PORT ST. LUCIE FL 34983
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1987

4. FEI Number
59-2829600

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

2. Principal Place of Business

21 **225 NE PRIMA VISTA**
Suite, Apt. #, etc. **BLVD.**

22 City & State
23 **PORT ST. LUCIE, FL**

24 Zip **34983** 25 Country **USA**

2a. Mailing Address

26 **225 NE PRIMA VISTA**
Suite, Apt. #, etc. **BLVD.**

27 City & State
28 **PORT ST. LUCIE, FL**

29 Zip **34983** 30 Country **USA**

9. Name and Address of Current Registered Agent

**FARRELL, RICKEY L.
1595 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
NAME **CICIO, JOE**
STREET ADDRESS **121 E PRIMA VISTA BLVD**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **ST** ☐ DELETE

NAME **CICIO, KATHLEEN**
STREET ADDRESS **121 E PRIMA VISTA BLVD**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P**
1.2 NAME **Cicio, JOE**
1.3 STREET ADDRESS **225 NE PRIMA VISTA BLVD.**
1.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

2.1 TITLE **ST** ☒ Change ☐ Addition

2.2 NAME **Cicio, KATHLEEN**
2.3 STREET ADDRESS **225 NE PRIMA VISTA BLVD**
2.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Kathleen Cicio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)