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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09757

(1)

1. Corporation Name
VITO VITO CORPORATION

Principal Place of Business

130 N. RIDGEWOOD DR
SEBRING FL 33870
US

Mailing Address

130 N. RIDGEWOOD DR
SEBRING FL 33870-7201
US

2. Principal Place of Business

21 1126 S. 14TH ST
Suite, Apt. #, etc.

22 City & State

23 FERNANDINA BEACH FLA

24 Zip 32034

25 Country NAUSSA

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

3. Date Incorporated or Qualified
01/01/1988

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2862080

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ABBATE, ANTONIO
6325 CONCORD ST
SEBRING FL 33870

81 Name

82 ABBATE ANTONIO
Street Address (P.O. Box Number is Not Acceptable)
1126 S. 14TH ST.

83

84

City FERNANDINA BEACH

FL

85 Zip Code 32034

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]

AS PRESIDENT

1/17/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TSD ☐ DELETE

NAME ABBATE, ANTONIO
STREET ADDRESS 6325 CONCORD ST
CITY-ST-ZIP SEBRING FL

PD ☐ DELETE

NAME ABBATE ANTONIO
STREET ADDRESS 6325 CONCORD ST
CITY-ST-ZIP SEBRING FL

VD ☐ DELETE

NAME ABBATE, ANTONIO
STREET ADDRESS 6325 CONCORD ST
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 (904) 277-3699
Date Daytime Phone #

CP2E034 (9/96)