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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
 DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90026 041 ***150.00

· Corporatio	MENT # K73619 MPITH'S, INC.			•	01-29-1999 90020 0			
Principal Plac	ce of Business	Mailing Address		**-	- I TORADAY DAY LOORD CINCR DILLOY INDED (DIL	BANDIL NAMBA MANAH MANAH M		
1005 KANE C		1005 KANE CONCOURSE						
SUITE 211	Chooding	SUITE 211				•		
BAY HARBOR	ISLAND FL 33154	BAY HARBOR ISLAND FL	33154	•	DO NOT WRITE IN T	THIS SPACE		
					3. Date incorporated or Qualifed	•		
·					03/17/1989			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	J	olied For	3
1 Cuite Ant	# -t-	26 Suite A=1 # 242	·		65-0107067		Applicable	-
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		(3)
City & Star	to	27 City & State				Fee Re		
3		28			6. Election Campaign Financing Trust Fund Contribution	\$5:00-l	•	
Zip	Country Zip		Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			1
4	25	29	30	····	Personal Property Tax.		□No	
<u></u>	9. Name and Address of Curren		1001	1	10. Name and Address of New Register			
		7		81 Name				
	ICOMO, SALAMONE			82 Street Add	ress (P.O. Box Number is Not Acceptable)			ĺ
	GOLDEN ISLES DR, #4-E			Sireet Addi	ress (P.O. Box Number is Not Acceptable)			
HAI	LLANDALE FL 33009	r		83	HART STILL BUSE IN THE	150		
		• •		84 City	48. E. 51. C. A. 12 B. 13. C. A.		3 5 2 4 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
entry to a 1 to	at he	the state of the s		84 City		FL 85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove-named corp	oration submits this statement for the purpos	e of changing its	registered	
agent I a	registered agent, or both, in the State i am familiar with, and accept the obligat	อา rionda. Such change was a tions of, Section 607 0505, Flo	iutnorizet irida Stat	u by the corporation	on's board of directors. I hereby accept the a	ppointment as reg	istered	
SIGNATURE				•				
	Signature, typed or printed name of registered agen			Agent signature require				6
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			9/1
TITLE	, - .	. DELETE	1.1 Π		्राची अस्ति है।	☐ Change	☐ Addition	2
NAME	GIACOMO, SALAMONE		1.2 N				1	25
STREET ADDRESS	1	•		TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			Ä.
CITY-ST-ZIP	HALLANDALE FL		140		•			ÒΥ
ULTE.		□ DELETE		TY-ST-ZIP		Change	Addition	\overline{c}
NAME		DELETE	2.1 ΤΙ	TLE	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
STREET ADDRESS	41.4	☐ DELETE	2.1 TI 2.2 N	TLE AME	· · · · · · · · · · · · · · · · · · ·	∵ t² ☐ Change	☐ Addition	ב
CITY-ST-ZIP		□ DELETE	2.1 TI 2.2 No 2.3 ST	TLE AME TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	∵ ⁽⁾ ☐ Change	Addition	
			2.1 TT 2.2 No 2.3 ST 2.4 C	TLE AME TREET ADDRESS		·		֖֖֖֖֖֖֡ ֡ ֡
TITLE	324 3 6 X 3	☐ DELETE	2.1 Π 2.2 N 2.3 ST 2.4 C 3.1 Π	TLE AME IREET ADDRESS ITY-ST-ZIP TLE		☐ Change	Addition	0
TITLE	Robbinson (State of the Control of t		2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME		·		
NAME STREET ADDRESS	Robbinson (State of the Control of t		2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS		Change	Addition	C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Right County of the County of	☐ DELETE	2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4. C	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME FREET ADDRESS ITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Roma Burray Common Comm	☐ DELETE	2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME		☐ DELETE	2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TY 4.2 NV	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME AME AME		☐ Change	Addition	2
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS		☐ DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	TILE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS	77	☐ Change	Addition	<u> </u>
NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS		☐ Change	Addition	<u> </u>
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NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME		☐ DELETE	2.1 TT 22 N 2.3 S1 2.4 C 3.1 TT 3.2 N 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME		☐ Change	Addition	<u>-</u>
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NAME NAME NAME NAME NAME NAME NAME NAME		☐ DELETE	2.1 TT 22 N 2.3 S1 2.4 C 3.1 TT 3.2 N 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 N/ 5.3 S1 5.4 CI 6.1 TT	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AMME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE		☐ Change	Addition	
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14. I hereby certify that the information supplied with this filling 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 cognitation of 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

01/1

(3cb) 868 8763