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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K80961

FERRENTINO CORPORATION NO. 3

FILED

Feb 18 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	; a randuri dar filiri marka ranim drimi filo; arani dilot; arani dilati dilati dilati dilati filori

% PETER FERRENTINO % PETER FERRENTINO 7720 VENICE DR 7720 VENICE DR DO NOT WRITE IN THIS SPACE PORT RICHEY FL 34668 PORT RICHEY FL 34868 3. Date Incorporated or Qualified 04/13/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 1281 VALIANT AVE 65-0131405 ARI VACIANT AUE Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees SPRING SPRING Country This corporation owes or has paid the current year Intangible 3460F ☐ No Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERRENTINO, PETER 7720 VENICE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 a gnature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE Addition TITLE **FERRENTINO, PETER** NAME 1.2 NAME 7720 VENICE DR. STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ___ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME 52 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - S1 - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 2IP

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 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.

VA21190 (252) 602-28/2