

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90001 019 \*\*\*550.00

DOCUMENT # K 88304

1. Corporation Name

FULVIO OF ITALY, INC

Principal Place of Business

1225 BROKEN SOUND PRWY NW  
SUITE C  
BOCA RATON FL 33487

Mailing Address

2001 WEST SAMPLE RD, STE 101  
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/15/89

2. Principal Place of Business

21 1225 BROKEN SOUND PRWY NW

2a. Mailing Address

26 2001 WEST SAMPLE ROAD

4. FEI Number

65-0120328

Applied For

Not Applicable

Suite, Apt. #, etc.

22 C

Suite, Apt. #, etc.

27 101

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 BOCA RATON, FL

City & State

28 POMPADNO BEACH, FL

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

Zip

24 33487

Country

25 USA

Zip

29 33064

Country

30 USA

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEVEN WARM  
2101 CORPORATE BLVD. SUITE 215  
BOCA CORPORATE CENTER  
BOCA RATON, FL 33431 USA

10. Name and Address of New Registered Agent

81 Name  
A. WAYNE GILL

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

2001 WEST SAMPLE ROAD STE 300

83

84 City  
POMPANO BEACH

FL

85 Zip Code  
33064

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.

A. Wayne Gill, Esq.

6/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
ERIC WARM

2001 WEST SAMPLE ROAD, STE 101

POMPANO BEACH, FL 33064

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/99

Date

Daytime Phone #

CR2E034 (11/98)