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

DOCUMENT # **K93984** 1. Corporation Name

BALDINI'S TORTELLINIS, INC.

· ·
C/O ANTHONY A. BALDINI
O/O MITTOUT A. DALDIN
560 SW BAY POINTE CIRCLE
PALM CITY FL 34990

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90126 007 ***150.00



Principal Place of Business Mailing Address					(1980) 11 918 (9198) 1119 19191 (911 919) 91911 91911 91911 91911 91911 91911 91911	
C/O ANTHONY A. BALDINI		C/O ANTHONY A. BALDINI				
560 SW BAY POINTE CIRCLE		560 SW BAY POINTE CIRCLE			DO NOT WRITE IN THIS SPACE	
PALM CITY FL 34990		PALM CITY FL 34990			3. Date Incorporated or Qualifed	
					06/08/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26			NOT APPLICABLE Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_ \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State To the Communication of the Communicat			6. Election Campaign Financing 55.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	<u> </u>	Country		8. This corporation owes the current year Intangible	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 30			Personal Property Tax.	
Name and Address of Current Registered Agent				Name		
BALDINI, ANTHONY A.			81			
	SW BAY POINTE CIRCLE	82 Street A		Street	t Address (P.O. Box Number is Not Acceptable)	
PALI	W CITY FL 34990		83			
· <u>-</u> -	'		L	L		
			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 of			it signature r	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND		13. 1.1 TITLE		Change Addition	
NAME	BALDINI, ANTHONY A.	_	1.2 NAME	-		
STREET ADDRESS	560 SW BAY POINTE CIRCLE			ADDRESS	s	
	PALM CITY FL		1.4 CITY-S			
CITY-ST-ZIP	VS		2.1 TITLE	1-ZIF	☐ Change ☐ Addition	
NAME	Baldini, kay s.	_	2.2 NAME			
STREET ADDRESS	560 SW BAY POINTE CIRCLE			ADDRESS		
	PALM CITY FL		2.4 CITY-S			
CITY-ST-ZIP	FALMOTTIL		2.4 CH 1-3 3.1 TITLE	11-217	☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS	, a see s			ADDRESS	s	
CITY-ST-ZIP	· ·		3.4. CITY-S			
TITLE			1.1 TITLE		☐ Change ☐ Addition	
NAME			. 2 NAME			
STREET ADDRESS				ADDRESS	6	
CITY-ST-ZIP			1.4 CITY-S			
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS		5	5.3 STREET	ADDRESS	s	
CITY-ST-ZIP		. 5	5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE 6	5.1 TITLE		Change Addition	
NAME		6	5.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS	s	
		1.				

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: