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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L05571

1. Corporation Name

PETE'S - A - PLACE, INC.

Principal Place of Business		Mailing Address			911 81811 81811 81811 81911 91	
C/O PETER LICATA		C/O PETER LICATA				
3417 SW DAVIE BLVD. FT. LAUDERDALE FL 33312-2758		3417 SW DAVIE BLVD.				
		FT. LAUDERDALE FL 33312-	!-2758	DO NOT WRITE IN TI	HIS SPACE	
				3. Date incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address		07/28/1989 4. FEI Number		
21	idea of Edamess	26		65-0137367	Applied F Not Appl	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		03 0137307	\$8.75 Additio	
22	·	27		5. Certifcate of Status Desired	Fee Required	
City & Stat	ite	City & State		6. Election.Campaign.Financing	\$5.00 May E	
23		28		Trust Fund Contribution	Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	Ŭ Yes ⊠ No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent	
LICA	ATA DETED		81 Name	•		i
	ata, peter 7 SW Davie Blvd.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
				#6.50.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
FI.	LAUDERDALE FL 33012		83		用标识识简简格	1
			84 City		85 Zip Code	4350 F
						11 11 11
			,	F	· L '	rrie ir
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s the above-named co	rporation submits this statement for the purpose	of changing its registr	ered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was au	es, the above-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registr	ered d
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	es, the above-named co othorized by the corpora ida Statutes.	tion's board of directors. I hereby accept the ap	of changing its registr	ered d
office or r agent. La	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change was au gations of, Section 607.0505, Floringent and title if applicable. (NOTE: I	es, the above-named co thorized by the corpora ida Statutes.	red when reinstating)	of changing its register pointment as registere	d
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14. I hereby certify that the information supplied with this fling 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 arthural 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 redeing by 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 attackness, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90044 042 ***150.00