## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L31235

(9)

ANTONIO ENTERPRISES, INC.

**FILED** 

Apr 24 1998 8:00am

Secretary of State

No. Co. Addison

Principal Place	e of Business	Mailing Address			A transmit den errat errat grat artet defit felbit aldit debit arbit felbi		
% ANTONIO I		% ANTONIO U. CIAMMITTI					
122 SAWTOOTH LN ORMOND BEACH FL 32174		122 SAWTOOTH LN		DO NOT WRITE IN THIS SPACE			
UTIMUMU DEA	10H FE 32174	OHMOND BEACH FL 321	ORMOND BEACH FL 32174		3. Date Incorporated or Qualified		
					11/06/1989		
Principal P	lace of Business	2a. Mailing Address			4. FEI Number		ed For
21 231	PARRULLI DR.	26			59-2986318	+ <del></del>	Applicable
Sulte, Apt.		Suite, Apt. #, etc.			38 28003 10	A 60.75	<del> </del>
22	.,	27			<ol><li>Certificate of Status Desired</li></ol>	Fee Requi	
City & State City & State					6. Election Campaign Financing	\$5.00 ма	
23 ORMOND BEACH FL. 28					Trust Fund Contribution	Added to F	
Žip	Country Zip Country		· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has pa			
24 3a1	74 25 VOLUSIA	29	30		Personal Property Tax due June 30.  Yes No		
	e. Name and Address of Current F	Registered Agent	` <b>.</b>		10. Name and Address of New Re	gistered Agent	
CIA	MMITTI, ANTONIO U.		81	Name			
122 SAWTOOTH LN				Street Ac	ddress (P.O. Box Number is Not Acceptab	to)	
ORMOND BEACH FL 32174				Street At	odress (P.O. Box Number is Not Acceptab	<del>(e)</del>	
]			83				
ļ			84	City		FL 85 Zip Coo	de et
11. Pursuant t	to the provisions of Sections 607,0502 a	and 607, 1508. Florida Statut	es, the abov	Le-named co	orporation submits this statement for the p		egistered
l office or re	e <b>gistered age</b> nt, or both, in the State of	-Etorida, Such change was a	authorized bi	v the corpor	ration's board of directors. I hereby accep	I the appointment as reg	jistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature typed or printed name of registered agent a	and title if apoycable (NOI	F: Fingistered Ap	en eulenna luc	quired when reinstating)	DATE	
12,	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFIC		N 12
TITLE	P	DELETE	1.1 TITLE		7,007,10,07,11,10,20,70,07,10	Change	Addition
NAME	CIAMMITTI, ANTONIO U.		1.2 NAME				
STREET ADDRESS	STREET ADDRESS 122 SAWTOOTH LN			ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY - 9				1
TITUE	V	DELETE	2.1 TITLE			Change	Addition
NAME I	CIAMMITTI, ANTHONY L		2.2 NAME				·
STREET ADORESS	122 SAWTOOTH LN		2.3 STREET	ADDRESS			Ī
CITY-ST-ZIP	ORMOND BCH FL		2. 4 CITY-	1			ļ
TITLE	——————————————————————————————————————	DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP			3 4. CITY-				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	1		· -	
STREET ADDRESS			4.3 STREET	ADDRESS			
CfTY-ST-ZIP			4.4 CITY-S	Į.			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			J. C	<u> </u>
STREET ADDRESS			5.3 STREET	ADDRESS		<b>→</b>	ار د
CITY-ST-ZIP			5.4 CITY - S			1	-24
TITLE		DELETE	6.1 TITLE	. 211	Burnin Samul Samul Hamile Marrie Arrains Burnin Annua	E Change	Addition
NAME		_	6.2 NAME		<b>50000250</b> -04/27/380101	radiomai *	
STREET ADDRESS			6.3 STREET	ADDRESS	***158.75	U 960	
CITY-ST-ZIP			6.4 CITY - S		%***I⊃©.(5		ļ
0111-51-415			0.9 (111 - 8	17ZIF			

14. Thereby certify that the information supplied with this fiting 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.

4-11 00 9AU-173-19