SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90024 025 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # L31235

1. Corporation Name
ANTONIO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
231 PARRULLI DR. ORMOND BEACH FL 32174 US	C/O ANTONIO U. CIAMMITTI 122 SAWTOOTH LN. ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1989

2. Principal Place of Business	2a. Mailing Address
21 126 HERITAGE CR.	26 126 HERITAGE CR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORMOND BEACH, FL.	28 City & State: ORMOND BEACH, FL.
24 Zip: 32174 25 Country: VOLUSIA	29 Zip: 32174 30 Country: VOLUSIA

4. FEI Number: 59-2986318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CIAMMITTI, ANTONIO U. 122 SAWTOOTH LN ORMOND BEACH FL 32174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CIAMMITTI, ANTONIO U.		1.2 NAME	CIAMMITTI, ANTONIO U.	
STREET ADDRESS	122 SAWTOOTH LN		1.3 STREET ADDRESS	126 HERITAGE CR.	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH, FL.	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	CIAMMITTI, ANTHONY L		2.2 NAME	CIAMMITTI, ANTHONY L.	
STREET ADDRESS	122 SAWTOOTH LN		2.3 STREET ADDRESS	126 HERITAGE CR.	
CITY-ST-ZIP	ORMOND BCH FL		2.4 CITY-ST-ZIP	ORMOND BEACH, FL.	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: Antonio U. Ciammitti 7-12-99 904-672-6800
FULL NAME AND TITLE REQUIRED