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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M03686 1. Corporation Name

SIGNATURE:

LAPETITE OF FORT PIERCE INC.

**FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90050 001 \*\*\*150.00

A CANTONIA TIA NORRE CRITO ANTO TONIO OTTE REGIO DE DE GRAFE GENERALISTE DE PRESENTATION DE PRESENTATION DE PR

| Principal Place of   | f Business   |  | Mailing  | Address  |  |  | r (martaur ) (f. 180am 11f) a 8710            | . 1819 BIJI BIBII | arati arait athi)                   | 21411 A1911 1821                                      |
|--|--|--|--|--|--|--|---|-------------------|-------------------------------------|---|
| BONNIES HALLMAR  |  |  | 5421 SW  |  |  |  |   |                   |                                     |   |
| 2503 S FEDERAL HWY   |  | FT LAUD FL 33312   |  |  | DO NOT W   | RITE IN THIS   | S SPACE                                       |                   |                                     |   |
| ft pierce fl 34982<br>Us   |  |  |  |  |  |  | 3. Date Incorporated or Qualife               |                   |                                     |   |
| 00   |  |  |  |  |  |  | 08/07/1984                                    |                   |                                     |   |
| 2. Principal Place   | e of Business  |  | 2a. Mail   | ling Address   |  | _  | 4. FEI Number                                 |                   | <del>-</del>                        | plied For   |
| 11   |  |  | 26   |  |  |  | 59-2427943                                    |                   | <del></del>                         | t Applicable  |
| Suite, Apt. #, e   | etc.   |  | Suite  | e, Apt. #, etc.  |  |  | 5. Certificate of Status Desired              |                   | •                                   | Additional  |
| 22   |  |  | 27   |  |  |  |   |                   | Fee-Re                              | <u> </u>  |
| City & State   |  |  | City   | & State  |  |  | 6. Election Campaign Financin                 | g $\square$       |                                     | May Be  |
| :3   |  |  | 28   |  |  |  | Trust Fund Contribution                       |                   | Added                               | to Fees   |
| Zip  | Country  |  | ⊢ Ziρ  | ۲  | Countr   | ry'  | 8. This corporation owes the co               | urrent year ir    |                                     | □No   |
| 4  | 25   |  | 29   |  | 30   |  | Personal Property Tax.                        | . Da =!=tanaa     | Yes                                 | □ NO  |
|  | 9. Name and Addres   | s of Current   | Registered   | I Agent  |  | 1 Nome   | 10. Name and Address of Nev                   | v registered      | Agent                               |   |
| CDINA  | DANIEL C   |  |  |  | 8  | 1 Name   |   |                   | ,                                   |   |
| SPINA, DANIEL C.   |  |  | 82 Street Ad   |  |  | 2 Street Add   | Idress (P.O. Box Number is Not Acceptable)    |                   |                                     |   |
| 5421 SW 39 AVE<br>FT LAUD FL 33312   |  |  |  |  |  | -  |   |                   |                                     |   |
| FILMU  | D I L 300 12   |  |  |  | 83   | 3  |   |                   |                                     |   |
|  |  |  |  |  | 84   | 4 City   | <del></del>                                   |                   | 85 Zip                              | Code  |
|  |  |  |  |  |  |  | poration submits this statement for the       | <u> </u>          |                                     |   |
| SIGNATURE  | amiliar with, and accept   | ot the obligation  | ons of, Sect   | ion 607.0505, Flori  | Registered Age   | es.<br>  | red when reinstating)                         | DATE              |                                     |   |
| agent. ( am fa<br>SIGNATURE  | amiliar with, and accep  | ot the obligation  | ons of, Sect   | ion 607.0505, Flori  |  | es.<br>  | and inter-suirodatural                        | DATE              |                                     |   |
| agent. ( am fa<br>SIGNATURE  | amiliar with, and accept<br>nature, typed or printed name o  | ot the obligation  | ons of, Sect   | able. (NOTE:   |  | es.<br>  | red when reinstating)  ADDITIONS/CHANGES TO C |                   | ND DIRECTO                          | PRS IN 12   |
| agent. I am fa   | nature, typed or printed name o  | of the obligation  | ons of, Sect   | able. (NOTE:   | Registered Age   | ent signature requir   |   |                   | ND DIRECTO                          |   |
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