

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # M10378

1. Corporation Name  
GRAZIANO INC.

Principal Place of Business  
2100 N. UNIVERSITY DRIVE  
SUNRISE FL 33323

Mailing Address  
2100 N. UNIVERSITY DRIVE  
SUNRISE FL 33323

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 13 AM 10:53



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2501859	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GRAZIANO, ANGELO L. 2100 N. UNIVERSITY DR. SUNRISE FL 33322				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZIANO, ANGELO L.	1.2 NAME	
STREET ADDRESS	2100 N. UNIVERSITY DR	1.3 STREET ADDRESS	200002987622--2
CITY-STATE-ZIP	SUNRISE FL	1.4 CITY-STATE-ZIP	-09/15/99--01051--010
TITLE	S	2.1 TITLE	****150.00 <input type="checkbox"/> ****150.00
NAME	GRAZIANO, ROBERT	2.2 NAME	
STREET ADDRESS	2100 N. UNIVERSITY DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

ANGELO L. GRAZIANO  
Angelo L. Graziano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-99

Date

514-782-7220

Daytime Phone #

CR2E034 (5/99)

Division Of Corporations  
Attention: Sean Toner  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

I am writing this letter on behalf of a new client,  
Graziano, Inc. ( #59-2501959 ), who never received an  
initial annual report.

Upon realizing this fact, when they were referred to me,  
a duplicate copy was requested and filed when received.

After some time, due to inadvertently addressing the return  
enevelope in error, the report was returned to my client.

We were advised, upon contacting your office, to resubmit the  
initial one hundred and fifty dollar payment along with the  
second copy received.

We respectfully request that this payment be accepted, and  
Graziano, Inc. remain an active corporation in the state of  
Florida.

Thank you very much for your kind consideration.

Sincerely yours,

*Joseph H. Friedman*  
Joseph H. Friedman  
Tax Accountant