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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M42559

(8)

GUY T. RIZZO ENTERPRISES, INC.

**FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		E LOGICATION STATEMENT STANDE WITH STATEMENT MANAGEMENT STATEMENT WAS A STATEMENT OF THE ST	AMEL OLOGE OTOTE WINES WENGE TO BE
% GUY T. RIZZO	% GUY T. RIZZO			
123 WISTERIA DRIVE 123 WISTERIA DRIVE LONGWOOD FL 32779 LONGWOOD FL 32779			DO NOT WRITE IN THIS SPACE	
LONGWOOD FL 32/79	LONGWOOD FL 32779		3. Date Incorporated or Qualified	3 01 702
			12/03/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2745425	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		3. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28	Country	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 25 9. Name and Address of Currer		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	
RIZZO, GUY T.	3	81 Name	101	
123 WISTERIA DRIVE		20 000		
LONGWOOD 32779		82 Street	Address (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
11 Pursuant to the provisions of Sections 607 (150	12 and 607 1508. Florida Statute	s the above-pamed	Corporation submits this statement for the purpose	
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	ALOTE	Registered Agent signature		
Signature, typed or printed name of registered age 12. OFFICERS AN		13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE DP	☐ DELETE	1.1 TITLE	100111011010111111011011011011011011011	Change Addition
NAME RIZZO, GUY T.		1.2 NAME		-
STREET ADDRESS 123 WISTERIA DRIVE		1.3 STREET ADDRESS		
City-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP	•	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2,2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CiTY - ST - ZiP		2. 4 CITY - ST - ZIP	<u> </u>	
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP	Попет	3.4. CITY-ST-ZIP		Files Files.
TITLE	<u></u> DELETE	4.1 TITLE		Change Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DECE1E	5.1 TITLE		C cliarde C vocition
NAME OTDERT ADOREGO		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	L DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
	C. OLCCIC			LI OHANGE LI AUGILIUM
NAME CTREET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZIP  14. Thereby certify that the information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZIP	d 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.

CR2E034 (10/97)