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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008369 (0)

FILED Mar 07 1997 8:00am Secretary of State

1. Corporation Name MARIO AND DIANNE MODESTINI, INC. Principal Place of Business 2000 ISLAND BLVD. WILLIAMS ISLAND FL 33160 US WILLIAMS ISLAND FL 33160 US WILLIAMS TR ROSLYN HGT NY 11577-1318 US					3. Date Incorporated or Qualified 12/01/1992 3a. Date of Last Report 03/21/1996				
Principal F	Place of Business	2a, Mailing Address				12/01/1992 4. FEI Number			pplied For
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Suite, Apt	#, ele	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & Stat	ite	City & State				6. Election Campaign Financing		\$5.00	May Be
		26				Trust Fund Contribution			to Fees
Ζιр	Country	Zip	Cou	ntry		8. This corporation has liability for	r intangibli 		s. 199.032,
	9. Name and Address of Curri	29 ent Registered Agent	30			Florida Statutes 10. Name and Address of New R			
CT	T CORPORATION SYSTEM			81 Name	 3				
	200 S PINE ISLAND RD		}	62 Stree	Addro	ess (P.O. Box Number is Not Accepta	hlel		
_ PL	LANTATION FL 33324			Sirec	Houle	ss (r.c. bux Hullipe: is Not Accepte			
•				83					,
			ŀ	84 City				85 Zip	Code
i						oration submits this statement for the	FL		
agent Fa	ani familiar with, and accept the obli	igations of, Section 607.0505	was authorized 5, Florida Stat	d by the co utes.	rporatio	on's board of directors. I hereby acco	ept the ap	politili nort at	
SNATURE.	Signature Applie or provide manifeld registered a OFFICERS A	agent and fice if applicable	(NOTE Registered	l Agent signat.	rporatio	on's board of directors. I hereby according to the control of the	DATE	D DIRECTO	RS <u>IN</u> 12
SNATURE.	Supercine typica or probed name of registered a OFFICERS A	agent and fire if applicable	(NOTE: Registered	l Agent signat. LE	rporatio	d when reinstating)	DATE		RS <u>IN</u> 12
ENATURE.	Supervise typica or probed name of registered a OFFICERS A D MODESTINI, MARIO	agent and fice if applicable	(NOTE Registered 13. 1.1 TII 1.2 NA	I Agent signat ILE IME	rporation	d when reinstating)	DATE	D DIRECTO	RS <u>IN</u> 12
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I do 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 13pit changed, or on an attachment with an address.

ATURE: THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date J 9 9 Traytine Priorie 4 0006982