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

Mailing Address % J GREEBEL

16 THELMA STR

ROSLYN HGT NY 11577

2a. Mailing Address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200008369

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

2800 ISLAND BLVD. WILLIAMS ISLAND FL 33160

MARIO AND DIANNE MODESTINI, INC.

	•	27				5. Certificate of Status Desired	ı
City & State	e		ity & State			6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Feet	
Zip	Country 25	Zi 29	`	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax.	
,	9. Name and Address of Curren		ed Agent	<u>.</u> T.		10. Name and Address of New Registered Agent	
		, -		8	1 Name	,	
	CORPORATION SYSTEM			8	2 Street /	Address (P.O. Box Number is Not Acceptable)	
1200	S PINE ISLAND RD				0.,000,		
Plan	NTATION FL 33324			8	3		
				<u> </u>	4 City	85 Zip Code	
				-	"	FL " '	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familjar fith, and accept the obliga	of Florida.	Such change was aut	horized b	ov the corpo	corporation submits this statement for the purpose of changing its registroration's board of directors. I hereby accept the appointment as registere	zu
SIGNATURE	X Alderne M.	rdst	- , Uw	ne	o, du	T TEb 8 199	Z
	Signature, typed or printed name of registered ager OFFICERS AN		·	Registered Ag	gent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 12
12.		(U DIRECT	☐ DELETE	1.1 TITLE	:		Addition
TITLE	D MODERTINI MADIO			1.2 NAM	;		
NAME	MODESTINI, MARIO			1	ET ADDRESS		
STREET ADDRESS	2800 ISLAND BLVD				-ST-ZIP		
CITY-ST-ZIP TITLE	WILLIAMS ISLAND FL 33160 D		□ DELETE	2.1 TITLE	İ	☐ Change	Addition
NAME	MODESTINI, DIANNE			2.2 NAMI		_ •	
STREET ADDRESS	2800 ISLAND BLVD				EET ADDRESS		
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160			2. 4 CITY			
TITLE	WILLIAMO IODAND I E 00100		☐ DELETE	3.1 TITLE	i	☐ Change - ☐	Addition
NAME				3.2 NAM	E		
STREET ADDRESS.				3.3 STRE	ET ADDRESS		
CITY-ST-ZIP				3.4. CITY	-ST-ZIP		
TITLE			☐ DELETE	4.1 TITLE		Change	Addition
NAME				4. 2 NAM	Æ [
STREET ADDRESS				4.3 STRE	ET ADDRESS		
CITY-ST-ZIP				4.4 CITY	ST-ZIP		
TITLE			□ DELETE	5.1 TITLE		☐ Change	Addition
NAME				5.2 NAM	E		
STREET ADDRESS				5.3 STRE	ET ADDRESS		
CMY-ST-ZIP				5.4 CITY			# # # # # # # # # # # # # # # # # # #
TITLE			☐ DELETE	61 TITLE		Change	Addition
NAME				6.2 NAM	·		
STREET ADDRESS					ET ADDRESS	,	
CITY-ST-ZIP	l <u>.</u>	di de es		6.4 CITY		Li. O. Man 440 07/2/C). Florida Chalutan 16 whos podife that the information	ation
indicated officer or	on this annual report or supplements	il annual re eiver or trus	port is true and accurate empowered to ex	ate and the ecute this	nat my sign: report as r	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a required by Chapter 607, Florida Statutes; and that my name appears in d.	11.1

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90102 004 ***150.00

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DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/01/1992 4. FEI Number

65-0373885