Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90059 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOOSAA

1. Corporation	Name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)00	3344							
Principal Place	of Business	N	lailing Address				* 100.100 Hall Ball Ball Ball Ball Ball Ball Ball		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5025 FREEPORT DRIVE 5025 FREEPORT DRIVE							·			
SPRING HILL FL 34606 SPRING HILL FL 34606							DO NOT WRITE IN THIS S	PACE		
US		U	v				3. Date Incorporated or Qualifed			1
ļ							12/01/1992			
2. Principal Pl	ace of Business		. Mailing Address			_	4. FEI Number	Apr	olied For	1
21		26	}				59-3153294	Not	Applicable]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	-	
22		27					5. Collicate of Citato Cosino	Fee Rec	quired	
City & State			City & State					\$5.00 _. 1		=
23		28					Trust Fund Contribution	Added to	- Fees	1
Zip	Country Zip			Country 30			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curre	29	stered Agent	30	1	,	10. Name and Address of New Registered A			l
	5. Haine and Address of Curre	iit itegi	Stered Agoin		81	Name				1
ZEFI	retto, tony				<u></u>		(D.O. D. N. Jania Nat Americkia)			ł
5026 FREEPORT DRIVE					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SPRI	NG HILL FL 34606				83					1
Į.					84	City		85 Zip C	aho'	┨
}					ı	' '	FL			ļ
11. Pursuant	to the provisions of Sections 607.05	02 and	607.1508, Florida Sta	tutes, the a	bov	e-named corp	poration submits this statement for the purpose of cl	nanging its	registered]
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations o	nda. Such change wa of, Section 607.0505,	s authorized Florida Stat	utes	rine corporali 3.	on's board of directors. I hereby accept the appoint	nent as reg	jistorou	
SIGNATURE										
	Signature, typed or printed name of registered ag				i Ager	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DS IN 12	∤ 8
12.	OFFICERS A	ND DIR	DELETE	13.	ΠF			Change	Addition	3
NAME	VENDRONE, DONALD			1.2 N			•	_ ,	_	;
STREET ADDRESS	5025 FREEPORT DR			- 1		T ADDRESS				1
CITY-ST-ZIP	SPRING HILL FL 34606					ST-ZIP				
TITLE	DSTV		☐ DELETE	2.1 TI				☐ Change	Addition	[?
NAME	ZEFIRETTO, LIBORIO			2.2 N	AME					ľ
STREET ADDRESS	9052 BAY DR.			2.3 \$	TREE	TADORESS				Ì
CITY-ST-ZIP	SPRING HILL FL 34606			2.40	ITY-S	ST-ZIP				1
TITLE	DVT		☐ DELETE	3.1 ΤΙ	TLE			Change	☐ Addition	
_NAME	ZEFIRETTO, TONY		<u> </u>	3.2 N/						
STREET ADDRESS	5026 FREEPORT DR.			3.3 S	TREE	TADORESS			<u>جين تنه دواتني</u>	-
CITY-ST-ZIP	SPRING HILL FL 34606		(DELETE			ST-ZIP		☐ Change	☐ Addition	1
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NAME	,				IAME					
STREET ADDRESS						T ADDRESS		•		1
CITY-ST-ZIP			☐ DELETE			ST-ZIP	•	Change	Addition	1
NAME '				5.2 N						
STREET ADDRESS						TADDRESS				1
CITY-ST-ZIP				5.4 C	ITY-S	ST-ZIP				
TITLE			☐ DELETE	6.1 TI	ΠLE			Change	Addition]
				6.2 N	AME	}				1

CITY-ST-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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP