

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000018844 (9)**  
1. Corporation Name

**FERRARI BUSINESS BROKERS, INC.**

Principal Place of Business

**860 E HWY 436  
CASSELBERRY FL 32707  
US**

Mailing Address

**4906 SUDBURY CT.  
ORLANDO FL 32826**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/06/1993**

4. FEI Number

**59-3169269**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25** **26** **27** **28** **29** **30**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**FERRARI, FRANCO  
4906 SUDBURY CT.  
ORLANDO FL 32826**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number Is Not Acceptable)

**83**

**84** City

**FL**

**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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRARI, FRANCO</b>	
STREET ADDRESS	<b>4906 SUDBURY CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRARI, PATRICIA G</b>	
STREET ADDRESS	<b>4906 SUDBURY CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

*[Signature]*

7-14-97 (407) 339-3101

FILED  
Jul 22 1998 8:00am  
Secretary of State



CR2E034 (5/98)

FERRARI



SUNBELT®

CONFIDENTIAL BUSINESS BROKERS

860 E. S.R. 436  
Casselberry, FL 32707

Office: (407) 339-3101  
Fax: (407) 830-4527

Florida Department of State  
Sandra B. Northam  
Secretary of State

RE: FERRARI BUSINESS BROKERS INC. DOCUMENT # P93000018844 (9)

Dear Ms. Northam

I did not receive the 1<sup>st</sup> notice  
to file an annual report for 1998.  
I also know that I have no way  
to prove that I did not receive the  
1<sup>st</sup> notice.

I am enclosing payment of \$550.00  
dollars. (it is a hard pill to swallow)  
I would appreciate immensely if  
your department could verify if a 1<sup>st</sup>  
notice was in fact mailed to  
me. I truly did not receive it  
and I would very much like a  
reply.

Sincerely  
Franco Ferrari  
FRANCO FERRARI, PRESIDENT