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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054378 (3)

1. Corporation Name

TONY COSTA'S ENTERPRISE INC.



Principal Place of Business

7953 SOMERSET DRIVE
LARGO FL 34643

Mailing Address

7953 SOMERSET DRIVE
LARGO FL 33773-2625

3. Date Incorporated or Qualified
08/02/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 7501 WILMINGTON RD.

2a. Mailing Address

26 7501 WILMINGTON RD.

4. FEI Number
59-3197061

Applied For
Not Applicable

Suite, Apt. #, etc.

22 APT #121

Suite, Apt. #, etc.

27 APT #121

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 LARGO, FL

City & State

28 LARGO, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33771

Country

25 PUELLAS

Zip

29 33771

Country

30 PUELLAS

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COSTA, LINDA S
7953 SOMERSET DRIVE
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name ANTONIO J. COSTA
82 Street Address (P.O. Box Number is Not Acceptable)
7501 WILMINGTON RD., APT #121
83
84 City LARGO FL 85 Zip Code 33771

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]*
Signature of type-1 or printed name of registered agent and title if applicable.

J.P. ANTONIO J. COSTA
(NOTE: Registered Agent signature required when reinstating)

4/30/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	COSTA, LINDA S	7953 SOMERSET DRIVE	LARGO FL 34643	<input checked="" type="checkbox"/>
DP	COSTA, ANTONIO J	7953 SOMERSET DR.	LARGO FL	<input type="checkbox"/>
DV	COSTA, VICTOR C	7953 SOMERSET DR.	LARGO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

813 530-1343
Daytime Phone #

0382249

CR2E034 (9/96)