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Secretary of State

03-01-1999 90073 034 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077157

1. Corporation Name

PLAZA ENTERPRISING INVESTMENTS, INC.



Principal Place of Business 2636 ENTERPRISE RD E STE C22 CLEARWATER FL 33759 US	Mailing Address 2636 ENTERPRISE RD E STE C22 CLEARWATER FL 33759 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4871 Park Street North Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, Florida Zip 24 33709 Country 25 USA	2a. Mailing Address 26 4871 Park Street North Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, Florida Zip 29 33709 Country 30 USE
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3. Date Incorporated or Qualified 11/01/1993	4. FEI Number 59-3211756	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SPOTO, KATHERYN D 2636 ENTERPRISE RD E C22 CLEARWATER FL 33759
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10. Name and Address of New Registered Agent 81 Name ENGLANDER & FISCHER, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 721 1st Avenue North 83 84 City St. Petersburg FL 85 Zip Code 33701

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 ENGLANDER & FISCHER, P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

1-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SPOTO, BALDASSANO P	1.2 NAME	SPOTO, Baldassano P
STREET ADDRESS	2636 ENTERPRISE RD E/C22	1.3 STREET ADDRESS	4871 Park Street North
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	St. Petersburg, Florida 33709
TITLE	SD	2.1 TITLE	SD
NAME	SPOTO, KATHERYN	2.2 NAME	SPOTO, Kathryn
STREET ADDRESS	2636 ENTERPRISE RD E/C22	2.3 STREET ADDRESS	4871 Park Street North
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	St. Petersburg, Florida 33709
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD
1.2 NAME	SPOTO, Baldassano P
1.3 STREET ADDRESS	4871 Park Street North
1.4 CITY-ST-ZIP	St. Petersburg, Florida 33709
2.1 TITLE	SD
2.2 NAME	SPOTO, Kathryn
2.3 STREET ADDRESS	4871 Park Street North
2.4 CITY-ST-ZIP	St. Petersburg, Florida 33709
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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, with all other like empowered.

SIGNATURE: Baldassano P Spoto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99
Date

727-545-9481
Daytime Phone #

CR2E034 (11/98)