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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P94000025641 (9)

AUTUORI BROTHERS, INC.

FILED May 18 1998 8:00am Secretary of State



	•					
Principal Place of Business Mailing Address						eine and dissi lift ihn.
6611 SWEET MAPLES LANE 6611 SWEET MAPLES L			E			
BOCA RATON FL 33433		BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					04/04/1994	
2. Principal Place of Business		2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26			65-0478474	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Continuate of States Desired	Fee Required
City & State	├ ─-¬ ′				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Country			Trust Fund Contribution	Added to Fees
	 	Zip			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 29 30 30 9, Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
				Name	IV. Harrie and Address of New Adgratered A	Agur
AUTUORI, FRANK						
6611 SWEET MAPLES LANE			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433			83	· · · · · · · · · · · · · · · · · · ·		
			84	City	FL	85 Zip Code
11 Pursuant I	o the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	-named o		hanging its registered
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, typost or punited name of registered agent and tote if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	AUTUORI, FRANK		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST	- ZIP		
TITLE	\$TD	DELETE	2.1 TITLE			Change Addition
NAME	AUTUORI, BIANCA		2.2 NAME	1		
STREET ADDRESS	6611 SWEET MAPLES LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-S	r-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	I - ZIP		
TITLE	DELETE 4		4.1 TITLE	T		Change Addition
NAME			4. 2 NAME	- 1		
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			44 CITY-ST	- ZIP		
TITLE	☐ DELETE		51 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET A	ODRESS		
CITY-ST-ZIP			5.4 CITY-ST	- 7IP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
CITY-ST-ZIP			6.4 City - St	ZIP		
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receipt 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 informatio indicated on this annual report is explained in the complete and in 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