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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023095

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90133 047 ***150.00

COLLINS	8 & TITONE, INC.							
Principal Place	of Rusiness	Mailing Address				. 1 1 15 100 11151 11 161	8 18181 B111 1881	
Principal Place of Business Mailing Address 2753 FILLMORE ST 2733 FILLMORE ST								
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020								
US US					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/22/1995			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
21 26					65-0568019	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
22 27 33 Filmore St. 27 City & State City & State					Certifcate of Status Desired G. Election Campaign Financing		May Be	
23 Hollywood, FL 28				Trust Fund Contribution Added to				
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible ☐ Yes	EDNo	
24 3303		29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of Current	Registered Agent	81	Name	IU. Name and Address of New Registers	n whaur		
TITO	NE, ROY D		01	Hallie	_			
6232 CLEVELAND ST			82	Street	Address (P.O. Box Number is Not Acceptable)	,		
HOU	LYWOOD FL 33024		83					
	A Transfer of the second		84	City	F	L 85 Zip	Code	
SIGNATURE	Koy D. Thore Signature typed or printed name of registered agent OFFICERS AND		egistered Agen	t signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
12.	VPD OFFICERS AND	DELETE	1.1 TITLE		ABBITIONS/OFFARIOES TO OFF TOERS	Change		
NAME	COLLINS, RICHARD E		1.2 NAME				_	
	2733 FILLMORE ST		1.3 STREET	ADDRESS				
STREET ADDRESS	HOLLISHOOD EL COCCO		1.4 CITY-S					
CITY-ST-ZIP			2.1 TITLE	-ZIF	m/s	Change Ch	Addition	
NAME	KELLOGG, TIMOTHY L	- '	2.2 NAME		Kellogg, Timothy L 5720 POLK St.	•		
STREET ADDRESS			2.3 STREET	ADDRESS	5720 POLK St.	,		
CITY-ST-ZIP			2.4 CITY-ST-ZIP - Ho		Hollywood, FL 33021		-	
TITLE	1,2110110110111	DELETE 3.13			PIT	☐ Change	Addition	
NAME			3.2 NAME		Titore, Roy D.			
STREET ADDRESS	3338		3.3 STREET	ADDRESS	la-ma i 1/ 1 a /			
CITY-ST-ZIP	34.6		3.4. C(TY-S	T-ZIP	Hollywood, FL. 33024			
TITLE	☐ DELETE 4.11		4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME				Ì	
STREET ADDRESS	-		4.3 STREET	ADDRESS			-	
CITY-ST-ZIP	1		4.4 CITY-S	r-ZIP	•			
TITLE	DELETE 5.1 TI		5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		_	5.4 CITY-S	-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				Ī	
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP		· ·	6.4 CITY-S	r-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:

DEFURE REQUIDET to re 3/15/99 (9) DO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)294-3984

R2E034 (11/98)