**FILED** Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90176 019 \*\*\*150.00

## 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 # **P95000051381**1. Corporation Name

CALVETTI AND COMPANY, INC.

|   |   |                                  |                 |                    |                    | -  I FUDRIUM III INIO HIRI AUDIN DURI AUDIN       | i Bosa: Bisal Hook iiia | E LOCAL SIÐI COM   |
|---|---|----------------------------------|-----------------|--------------------|--------------------|---|-------------------------|--------------------|
| Principal Plac                          | e of Business                                       | Mailing Address                  |                 |                    |                    |   |                         |                    |
| 10 ROYAL PALM POINT 10 ROYAL PALM POINT |   |                                  |                 |                    |                    |   |                         |                    |
| VERO BEACH                              | FL 32960  | VERO BEACH FL 32960              |                 |                    |                    | DO NOT WRITE IN THIS SPACE                        |                         |                    |
| US US                                   |   |                                  |                 |                    |                    | 3. Date Incorporated or Qualifed                  |                         |                    |
|   |   |                                  |                 |                    |                    | 06/29/1995  |                         | ł                  |
|   |   |                                  |                 |                    |                    |   |                         |                    |
| 2. Principal P                          | lace of Business                                    | 2a. Mailing Address              | lailing Address |                    |                    | 4. FEI Number                                     | <del>   </del>          | pplied For         |
| 21                                      |   | 26                               |                 |                    |                    | 59-3325957  |                         | ot Applicable      |
| Suite, Apt.                             | #, etc.   | Suite, Apt. #, etc.              |                 |                    |                    | 5. Certificate of Status Desired                  | ¥                       | Additional equired |
| 22                                      |   | 27                               |                 |                    |                    | <u> </u>  |                         | <del></del> _      |
| City & Stat                             | e   | City & State                     |                 |                    |                    | 6. Election Campaign Financing \$5.00 May Be      |                         |                    |
| 23                                      |   | 28                               |                 |                    |                    | Trust Fund Contribution                           |                         | to Fees            |
| Zip                                     | Country   | Zip                              | Cou             | intry              |                    | 8. This corporation owes the current ye           |                         |                    |
| 24                                      | 25  | 29                               | 30              |                    |                    | Personal Property Tax.                            | ∐ Yes                   | ™No                |
|   | 9. Name and Address of Curren                       | nt Registered Agent              |                 | ļ                  |                    | 10. Name and Address of New Regist                | ered Agent              |                    |
|   |   |                                  |                 | 81                 | Name               | SHNSON, ERIC C.                                   |                         |                    |
| JOHNSON, ERIC C                         |   |                                  |                 | 82                 | Street Addre       | ess (P.O. Box Number is Not Acceptable)           |                         |                    |
| 735-                                    | 22ND STREET   |                                  | i               |                    | 101                | ROYAL PALM POINT                                  | (E                      |                    |
| VER                                     | O BEACH FL 32960                                    | •                                |                 | 83                 |                    | **  |                         |                    |
|   |   |                                  |                 | $\sqcup$           |                    |   | - 1-1 -:-               |                    |
|   |   | * .                              | •               | 84                 | City               | O BEACH   |                         | Code<br>960        |
| 44 Durauant                             | to the provisions of Sections 607 050               | 2 and 607 1508 Florida Statute   | s the a         | bove-              | named corno        | pration submits this statement for the purpo      | se of changing its      | registered         |
| office or r                             | egistered agent, or both, in the State.             | of Florida. Such change was au   | itnorized       | I DV U             | he corporatio      | n's board of directors. I hereby accept the       | appointment as re       | gistered           |
| agent. I a                              | m familiar with, and accept the obliga              | tions of, Section 607.0505, Flor | ida Stati       | utes.              |                    | •   |                         | J                  |
| SIGNATURE                               |   |                                  |                 |                    | 7 - 14 71 - 4      | t when reinstating) DA                            | TG.                     |                    |
|   | Signature, typed or printed name of registered ager |                                  | 13.             | Agent              | signature required | when reinstating) DA ADDITIONS/CHANGES TO OFFICER |                         | ORS IN 12          |
| 12.                                     |   | ID DIRECTORS                     | 1,1 TE          | n.c                | —-Т-               | ADDITIONS/CHANGES TO CITICE!                      | Change                  | Addition           |
| TITLE                                   | PD CONTROL CONTROL                                  | C beceive                        |                 |                    |                    |   |                         | _                  |
| NAME                                    | JOHNSON, ERIC C                                     |                                  |                 |                    |                    |   |                         |                    |
| STREET ADDRESS                          | 111001111111111111111111111111111111111             |                                  | 13 ST           | TREET A            | ADDRESS            |   |                         | }                  |
| CITY-ST-ZIP                             |   |                                  | 1.4 CI          | TY-ST-             | ZIP                |   |                         |                    |
| TITLE                                   | STD DELETE 2.1 T                                    |                                  | 2.1 TIT         | īιE                |                    |   | Change                  | ☐ Addition         |
| NAME                                    | JOHNSON, TAMI R                                     |                                  | 2.2 NA          | AME                |                    |   |                         |                    |
| STREET ADDRESS                          | 1170-6TH AVENUE, VILLA 27C                          |                                  | 2.3 ST          | 2.3 STREET ADDRESS |                    |   |                         |                    |
| CITY-ST-ZIP                             | VERO BEACH FL 32960                                 |                                  | 2.4 C           | ITY-ST             | -ZIP               | · .   |                         |                    |
| TITLE                                   |   | ☐ DELETE                         | DELETE 3.1 ππ   |                    |                    |   | Change                  | ☐ Addition         |
| NAME                                    |   |                                  | 3.2 N/          | AME                |                    |   |                         | 1                  |
| STREET ADDRESS                          |   |                                  | 3.3 ST          | REET /             | ADDRESS            |   |                         |                    |
|   |   |                                  | 34 C            | ITY-ST             | . 7IP              | •   |                         | }                  |
| CITY-ST-ZIP<br>TITLE                    |   |                                  | 4.1 TF          |                    |                    |   | ☐ Change                | Addition (         |
|   |   |                                  | 4. 2 N          |                    |                    | •   |                         |                    |
| NAME                                    |   |                                  |                 |                    | ADORESS            | •   |                         |                    |
| STREET ADDRESS                          |   |                                  |                 |                    |                    |   |                         |                    |
| CITY-ST-ZIP                             |   | ☐ DELETE                         | _               | TY-ST-             | ZIP                |   | Change                  | Addition           |
| TITLE                                   |   | ☐ DELETE                         | 5.1 TT          |                    |                    |   |                         |                    |
| NAME                                    |   |                                  | 5.2 NA          |                    | · DODESC           |   |                         | }                  |
| STREET ADDRESS                          |   |                                  |                 |                    | ADDRESS            |   |                         | {                  |
| CITY-ST-ZIP                             |   |                                  |                 | TY-ST-             | ZIP                |   |                         |                    |
| TITLE                                   |   | ☐ DELETE                         | 6.1 TT          | ILE                |                    |   | ☐ Change                | ☐ Addition         |

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 attactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS