## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT

Sandra B. Morth

Socretary of State DIVISION OF CORPORA ONS

DOCUMENT # P95000090070 (0)

J.C. BILOTTI, INC.

Principal Place of Business	Mailing Address	10410
19914 VILLA LANTE PLACE BOCA RATON FL 33434 US	19914 VILLA LANTE PLACE BOCA RATON FL 33434-5631 US	
		3. Date fre 11/27
2. Principal Place of Business	2a. Mailing Address	4. FET Nur
21	26	65-0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifica
22	27	5. Certifica
City & State	City & State	6. Election
23	28	Trust Fu
Zip Country	Zip Co	untry 8, This co
24 25	29 30	Florida

**FILED** May 09 1997 8:00am Secretary of State



BOCA RATON US	FL 33434	BOCA RATON FL 33434-5 US	6631	İ						
						<ol> <li>Date Incorporated or Qualified 11/27/1995</li> </ol>	3a. Date of Last Report 08/05/1996			
	lace of Business	2a, Mailing Address				4. FEI Number			Applied For	
21		26				65-0619987			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required	
City & State	е	City & State	<u>}</u> —¬			Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip 29	Gour	nlry			Yos [	] No	der s. 199.032,	
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
BILO	OTTI, JOSEPH		1	81	Name					
	14 VILLA LANTE PLACE		ļ.	82	Street Add	dress (P.O. Box Number is Not Acceptal:	ole)			
BO	CA RATON FL 33434		L							
			ľ	83						
		,	ļ	84	City		FL	85	Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was oligations of, Section 607.0505, Fl	tes, the ab authorized orida Statu	ove by utes	-named co the corpora	rporation submits this statement for the patients board of directors. I hereby acceptions	ourpose of of the app	chang ointme	ing its registered at as registered	
SIGNATURE	Stgnature, typed or printed name of registered		1E: Registered	Ager	nt signature req	uired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PVTS	T DETERE	1.5 TH					L Cha	inge [_] Addition	
NAME	BILOTTI, JOSEPH	•	1.2 NA							
STREET ADDRESS	19914 VILLA LANTE PLACE	<u>:</u>			ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	Dittele	1.4 CIT		1 - ZIP			☐ Chi	ange Addition	
TITLE		LJ VIIETE	2.1 111						ange [_] Adollion	
NAME			2.2 NAI		********					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2.4 CF 3.1 T(T)		1-28			Chi	ange Addition	
NAME		[] bittit	3.2 NA						ings (IIII) risotron	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CI							
TITLE		DELETE	4.1 10		'			☐ Ch	ange Addition	
NAME			4. 2 NA	AME						
STREET ADDRESS			4.3 STF	REE1	ADDRESS					
CITY-ST-ZIP			4 <b>4</b> CAT	[Y-\$]	1-21P					
TITLE		DELETE	511	ιŧ				Ch	ange Addition	
NAME			52h	Μĺ	ļ					
STREET ADDRESS			589	ŒĦ	ADDRESS					
CITY-ST-ZIP			54	v-\$	1 - 7					
TITLE		☐ DELETE	61	E	,			Ch	ange 🔲 Addition	
NAME			6.9	Œ						
STREET ADDRESS			6.3	u	ADDRESS					
CITY-ST-ZIP			6.0	S	1-70					

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true an I am an officer or director of the corporation or the receiver or trustee empowered that appears in Block 12 or Block 13 if changed, or on an attachment with an address

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the surale and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name