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

PROFIT CORPORATION ANNUAL REPORT



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90044 015 ***150.00

FILED

1999 DOCUMENT # P95000090070 1. Corporation Name J.C. BILOTTI, INC. Mailing Address Principal Place of Business 9045 LA FONTANA BLVD 9045 LA FONTANA BLVD B-20 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Date incorporated or Qualifed 11/27/1995 4, FEI Number Applied For 2. Principal Place of Business 10 Fontana Blvd 65-0619987 Not Applicable 21 \$8:75:Additional= =Suite: Apt. #; etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible Country Zip □N₀ 1 Yes Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BILOTTI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 82 19914 VILLA LANTE PLACE **BOCA RATON FL 33434** 83 84 85 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 register 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2F034/11/98 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition □ DELETE 1.1 TITLE TITLE PVTS BILOTTI, JOSEPH 1.2 NAME NAME 19914 VILLA LANTE PLACE 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 1.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition DELETE. πιε 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIF

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

4. 0.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



☐ Change

Change

☐ Addition

Addition