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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9600008454** (6)

FORMAGIO, INC.

Principal	Place	of Bu	įgį	ness		

7520 REPUBLIC DRIVE

Mailing Address 7520 REPUBLIC DRIVE

FILED Apr 25 1997 8:00am Secretary of State



SUITE 207 ORLANDO FL 32818		SUITE 207 ORLANDO FL 32819-8997									
OILNINGO FE C	22010	CHEMICO IE OZO19-0007			3. Date Incorporated or Qualified 01/26/1996	3a. Date o	f Last R	eport			
2. Principal P	lace of Business	2a. Mailing Address			4. FEt Number		Ap	plied For			
	.Orange Blosson Trai		Blos	son Tra	il 59 3396481		No	ot Applicable			
Suite, Apt. 22 Suit	#, etc. e 138	Suite, Apt. #, etc. 27 suite 138			5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State 23 Orland		City & State Orlando f1	City & State Orlando f1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip 24 32809	Country	Zip Country 29 32809 30 USA			8. This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes						
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Age	nt				
COF	PORATION SERVICE COMPANY		8	1 Name							
1201 HAYS STREET TALLAHASSEE FL 32301-2525			8	2 Street Add	fress (P.O. Box Number is Not Acceptab	le)					
11.44			8	3							
			8	4 City		FL 8	5 Zip (Code			
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, typod or printed name of registered agent		: Flegistered A	gon: signature requ	ired when reinstating)	DA1E					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC						
TITLE	SUSIMEIRE FORMAGIO	Pres. DECETE	1.1 1111	1		Ш	Change	Addition			
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CITY-ST-ZIP	01141140 11 02003	DELETE	1.4 CITY				Change	Addition			
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			2.2 NAM	·							
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NAME			3.2 NAM								
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NAME			6 2 NAM	£							
STREET ADDRESS			6.3 STRE	E1 ADDRESS							
CITY-ST-ZIP			6.4 CITY	- ST-7IP				ļ			

14. I do 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. 10.10 97 (un) 8517