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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017721

1: Corporation Name
COURTNEY'S, INC.

Principal Place of Business
1805 N DIXIE HWY
POMPANO BCH FL 33060
US

Mailing Address
1805 N DIXIE HWY
POMPANO BCH FL 33060
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1805 N DIXIE HWY (See above)

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

65-0644775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUCATO, PAUL
1805 N DIXIE HWY
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name

PETER C. PUCCIA

82 Street Address (P.O. Box Number is Not Acceptable)

1805 N. DIXIE HWY.

83

84 City

POMPANO BEACH

FL

85 Zip Code

33060

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

[Signature]

[Signature] - President

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BRUCATO, PAUL
STREET ADDRESS 1805 N DIXIE HWY
CITY-ST-ZIP POMPANO BEACH FL

TITLE ~~President / Secretary / Treasurer~~
NAME ~~PUCCIA, PETER C.~~
STREET ADDRESS ~~1805 N. DIXIE HWY (omit)~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33060~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / Secretary / Treasurer ☐ Change ☒ Addition
1.2 NAME Puccia, Peter C.
1.3 STREET ADDRESS 1805 N. Dixie Hwy.
1.4 CITY-ST-ZIP POMPANO BEACH, FL. 33060

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER C. PUCCIA

4/19/99

Date

(954) 782-8972

Daytime Phone #

CR2E034 (11/98)