
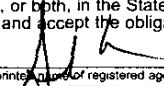


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90064 035 \*\*\*150.00

0284636

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000025141</b>					
1. Corporation Name <b>ALPHONSO CARIOTI ENTERPRISES, INC.</b>					
Principal Place of Business <b>2180 NE 67TH ST SUITE #711 FT LAUDERDALE FL 33308</b>		Mailing Address <b>2180 NE 67TH ST SUITE #711 FT LAUDERDALE FL 33308</b>			
2. Principal Place of Business <b>21 2811 Drifting Lilly Loop</b>		2a. Mailing Address <b>2a 2811 Drifting Lilly Loop</b>		3. Date Incorporated or Qualified <b>03/18/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0660302</b>	
City & State <b>23 Kissimmee, FL 34747</b>		City & State <b>28 Kissimmee, FL 34747</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 34747</b>		Zip <b>29 34747</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 Oceola</b>		Country <b>30 Oceola</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CARIOTI, ALPHONSO 2180 NE 67TH ST SUITE #711 FT LAUDERDALE FL 33308</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Alphonso Carioti</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2811 Drifting Lilly Loop</b>	
				83	
				84 City <b>Kissimmee</b>	
				85 Zip Code <b>FL 34747</b>	
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  <b>Alphonso Carioti</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1-10-99</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME <b>President</b>					
1.3 STREET ADDRESS <b>Alphonso Carioti</b>					
1.4 CITY-ST-ZIP <b>2811 Drifting Lilly Loop</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP <b>Kissimmee, FL 34747</b>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  **Alphonso Carioti**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-10-99**

Daytime Phone# **(800) 784-1002**

CR2E034 (11/98)