


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90070 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000031389</b> ✓			
<b>1. Corporation Name</b> <b>BILL'S PLACE, INC.</b>			
<b>Principal Place of Business</b> 13234 HICKS RD HUDSON FL 34669 US		<b>Mailing Address</b> 13234 HICKS RD HUDSON FL 34669 US	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.	
<b>22. City &amp; State</b> 23 Zip Country		<b>27. City &amp; State</b> 28 Zip Country	
<b>24. City &amp; State</b> 25 Zip Country		<b>29. City &amp; State</b> 30 Zip Country	
<b>9. Name and Address of Current Registered Agent</b> LECCESE, ANTHONY 13106 MOOSE LANE HUDSON FL 34669			
<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
<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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECCESE, ANTHONY 13106 MOOSE LANE HUDSON FL 34669	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRARACE, ANTHONY 301 E 22ND STREET #6-T NEW YORK NY 10010	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres. Leccese, Anthony 13106 Moose Lane Hudson, FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/S Bonfiglio, Anthony 10709 Kitten Tr. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED

5-12-99

Date

Daytime Phone #

CRZE034 (1/198)