

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90034 044 \*\*\*550.00

DOCUMENT # **P96000035529**

Corporation Name  
**CESARIO, INC.**



Principal Place of Business  
**72 A ST. ARMAUDS CIRCLE  
SARASOTA FL 34236  
S**

Mailing Address  
**333 BIRD KEY DR  
SUITE 304  
SARASOTA FL 34236  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/22/1996**

4. FEI Number **65-0678593** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ --\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

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

Principal Place of Business  
**333 Bird Key Dr.**  
Suite, Apt. #, etc.

2a. Mailing Address  
**333 Bird Key Dr.**  
Suite, Apt. #, etc.

City & State  
**Sarasota, FL**  
Zip **34236** Country **USA**

City & State  
**Sarasota, FL**  
Zip **34236** Country **USA**

9. Name and Address of Current Registered Agent

**MCDONALD, MICHAEL J  
800 BEN FRANKLIN DR  
SUITE 304  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **Michael J. McDonald**  
82 Street Address (P.O. Box Numbers Not Acceptable)  
**333 Bird Key Drive**  
83  
84 City **Sarasota** FL 85 Zip Code **34236**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<b>D</b> <b>BADESSA-MCDONALD, LYNN M</b> <b>800 BEN FRANKLIN DR SUITE 304</b> <b>SARASOTA FL 34236</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>D</b> <b>MCDONALD, MICHAEL J</b> <b>800 BEN FRANKLIN DR SUITE 304</b> <b>SARASOTA FL 34236</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Daytime Phone #

CR2E034 (5/99)

0101280