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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600037095

Corporation Name

ENZO GIORDANO ENTERPRISES, INC

ENZO GIORDANO ENTERPRISES, INC.						
	<u> </u>					
Principal Place of Business	Mailing Address					
1365 N KILLIAN DRIVE LAKE PARK FL 33403	1365 N KILLIAN DRIVE LAKE PARK FL 33403					

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90040 033 ***150.00



r illicipal riace of business					
1365 N KILLIAN DRIVE					
LAKE PARK FL 33403	LAKE PARK F	L 33403		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	•				·
·				04/30/1996	
Principal Place of Business	2a. Mailing A	2a. Mailing Address		1 T	pplied For
21	26			ot Applicable	
Suite, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	27			Fee R	equired
City & State	City & St	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28			Trust Fund Contribution Added	to Fees
	Country Zip	Country	y	8. This corporation owes the current year Intaggible	
24 25	29	30		Personal Property Tax. Yes	□No
	Address of Current Registered Age	nt		10. Name and Address of New Registered Agent	
	- 50 LAND 1132"	81	Name		
GIORDANO, VINCE	NZO		<u> </u>		
1365 N KILLIAN DE	RIVE TO THE REAL PROPERTY.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	ţ
BAY A& B		83		**************************************	.5 .C.S. (b) 1931
LAKE PARK FL 334	143]	Ί		
EARCH AIR TE GO		84	City	85 Zip	Code '
The same of the second			<u> </u>	<u> </u>	
11. Pursuant to the provisions	of Sections 607.0502 and 607.1508, F	forida Statutes, the abov	e-named corporation	oration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as not appoint the control of the co	s registered egistered
agent I am familiar with a	and accept the obligations of, Section 6	07.0505, Florida Statutes	s.	on a board of directors. Thereby decept the appearance as	-3.0.0.0
1 9 · 1				1/18/99	
SIGNATURE. Signature, typed or pri	inted name of registered agent and title if applicable.	(NOTE: Registered Age	ent signature required	d when reinstating)	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE PTSD	; ()	DELETE 1.1 TITLE		Change □ Change	. Addition
NAME GIORDANO,	VINCENZO	1.2 NAME	l		ļ
STREET ADDRESS 2092 JOY RE		1.3 STREE	TADORESS	•	
	M BEACH FL 33408	1.4 CITY-5	1		
TITLE		DELETE 2.1 TITLE	VI 211	☐ Change	☐ Addition
·		2.2 NAME			
NAME	-		l l	and the second of the second o	
STREET ADDRESS			ET ADDRESS		
GITY-ST-ZIP		2. 4 CITY-	ST-ZIP I		1
TITLE GENERAL TO THE	the second secon	DELETE ALEMAN		. Change	Addition
	"	DELETE 3.1 TITLE		Change	Addition
NAME		DELETE 3.1 TITLE 3.2 NAME			Addition
NAME STREET ADDRESS		3.2 NAME		organistication and approximately the contraction of the state of the	Addition
STREET ADORESS		3.2 NAME	ET ADDRESS .		
一个一次的特殊。		3.2 NAME 3.3 STREE	ET ADDRESS .	organistication and approximately the contraction of the state of the	
STREET ADDRESS CITY-ST-ZIP TITLE		3.2 NAME 3.3 STREE 3.4. CITY-	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP TITLE NAME		3.2 NAME 3.3 STREE 3.4. CITY DELETE 4.1 TITLE 4.2 NAME	ET ADDRESS , ST- ZIP		
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	The second of th	32 NAME 33 STREE 34. CITY- DELETE 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STATE OF THE STA	32 NAME 3.3 STREE 3.4 CITY- DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	A STATE OF THE STA	32 NAME 33 STREE 34. CITY- 1 DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 1 DELETE 5.1 TITLE	ET ADDRESS ST-ZIP	Change	Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	A STATE OF THE STA	32 NAME 3.3 STREE 3.4 CITY- DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- DELETE 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A STATE OF THE STA	32 NAME 33 STREE 34. CITY- 41 TITLE 4.2 NAME 43 STREE 44 CITY- 52 NAME 53 STREE 53 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	☐ Change	Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	tunk 1, 41 k Carp and a	32 NAME 3.3 STREE 3.4 CITY- DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.7 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.7 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.5 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.5 NAME 5.5 NA	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE		32 NAME 33 STREE 34. CITY- 1 DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.2 NAME 5.3 STREE 5.4 CITY- 1 DELETE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 NAME 5.5 STREE 5.5 STREE 5.5 STREE 5.6 STREE 5.6 STREE 5.6 STREE 5.6 STREE 5.7 STREE 5.	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE		32 NAME 3.3 STREE 3.4 CITY- DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.7 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.7 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.5 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.5 NAME 5.5 NA	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE		32 NAME 33 STREE 34 CITY- 41 TITLE 4, 2 NAME 43 STREE 44 CITY- 52 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	☐ Change	Addition

14. I hereby certify that the information supplied with his 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 reporter subject mental 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 changet, or on the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporatio

SIGNATURE

SANATURE AND WEED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 561-881-4547

R2E034 (11/98