

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90066 029 \*\*\*150.00

DOCUMENT # P96000040893

1. Corporation Name

DJ MANCINI ENTERPRISES, INC.

Principal Place of Business

2925 50TH AVE W #17  
BRADENTON FL 34207

Mailing Address

2925 50TH AVE W #17  
BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 519 65th AVE West

Suite, Apt. #, etc.

22

City & State

23 Bradenton FL

Zip

24 34207

Country

25 Manatee

2a. Mailing Address

26 519 65th AVE West

Suite, Apt. #, etc.

27

City & State

28 Bradenton, FL

Zip

29 34207

Country

30 Manatee

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

65-0670165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

MANCINI, DANIEL J  
2925 50TH AVE W #17  
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81

Name

Mancini Daniel J.

82

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

519 65th AVE DR. West

83

84

City

Bradenton

FL

85 Zip Code

34207

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MANCINI, DANIEL J  
STREET ADDRESS 2925 50TH AVE W #17  
CITY-ST-ZIP BRADENTON FL 34207

TITLE PD ☐ DELETE

NAME Mancini Daniel J.  
STREET ADDRESS 519 65th AVE West  
CITY-ST-ZIP Bradenton, FL 34207

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0467059