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 # P96000062124

FRANK CARMELITANO, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90060 033 ***150.00



						I (SELICAL LIBERTA SULL SELL SELL SELL SELL SELL SELL SELL
Principal Place	of Business	Mailing Address				·
176 EARL ST TARPON SPRINGS FL 34689 176 EARL STREET TARPON SPRINGS FL 34689						DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualifed
						07/24/1996
2. Principal Pl	ace of Business	2a. Mailing Address	-	4		4. FEI Number Applied For
21 /134	fern wood Un	26 Sene e	90	للهذ	>	59-3409442 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			- T			Fee Required
City & State	ly, fl.	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intangible
24 3469		29 30	<u> </u>			Personal Property Tax.
	9. Name and Address of Current	Registered Agent		04	N	10. Name and Address of New Registered Agent
CARMITUTANIO CRANIV				81	Name	Frank R CARMELITANO
Carmelitano, Frank 176 Earl Street			Ī	82	Street A	t Address (P.O. Box Number is Not Acceptable)
		L	_ -		1139 Fernwood Dr	
IANI	PON SPRINGS FL 34689			83	1	Holiday, FL 346Rd
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	ove-r	named o	d 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.						
	La IP	H.				4/19/99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered /	Agent s	ignature re	e required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITI	LE		☐ Change ☐ Addition
NAME	CARMELITANO, FRANK		1.2 NA	ME		·
STREET ADDRESS	176 EARL STREET		1.3 STF	REETA	DDRESS	s · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CIT	Y-ST-2	ZIP	
TITLE		☐ DELETE	2.1 TIT	Œ		☐ Change ☐ Addition ☐
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 STF	REET A	DDRESS	s
CITY-ST-ZIP			2. 4 CF	TY-ST-	ZIP	
ŤITLE		DELETE	3.1 TIT	ue 🗀		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REETA	DORESS	s
CITY-ST-ZIP			3.4. CF	TY-ST-	ZiP	
TITLE		☐ DELETE	4.1 TIT	Œ		Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REETA	DDRESS	s
CITY-ST-ZIP		•	4.4 CIT	Y-ST-Z	ZIP	
TITLE		☐ DELETE	5.1 TIT	Œ		☐ Change ☐ Addition
NAME			5.2 NA	ME		·
STREET ADDRÉSS			5.3 STI	REET A	DDRESS	s
CITY-ST-ZiP			5.4 CIT	Y-ST-	ZIP	
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			-6.3 STI	REETA	DDRESS	s
- INCL. PUDINCOO			64 CIT	Y-ST-Z	7IP	

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: