

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065495 (9)

1. Corporation Name

OSSOBELLO, INC.

FILED

98 JUL 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4230 PERRY PLACE
NEW PORT RICHEY FL 34652

4230 PERRY PLACE
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 670 ISLAND WAY

26 670 ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 805

27 SUITE 805

City & State

City & State

23 CLEARWATER, FL

28 CLEARWATER, FL

Zip

Country

Zip

Country

24 33767

25 USA

29 33767

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

65-0690081

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

ARIOTTI, BRUNO J
4230 PERRY PLACE
NEW PORT RICHEY FL 34652

(ABOVE)

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

BRUNO J ARIOTTI VP.

7/14/98

Signature typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD
NAME ARIOTTI, BRUNO J
STREET ADDRESS 4230 PERRY PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ DELETE

(ABOVE)

TITLE PD
NAME ARIOTTI, MINA
STREET ADDRESS 4230 PERRY PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ DELETE

(ABOVE)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE

BRUNO J ARIOTTI

7/14/98

4411745

0100072

CR2E034 (5/98)


John C. Landolfi, P.A.

CERTIFIED PUBLIC ACCOUNTANT

3710 De Leon Street
Tampa, Florida 33609
(813) 877-4030
FAX (813) 877-3089

July 20, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Ossobello, Inc.
1998 Annual Report
Document #P96000065495

Gentlemen:

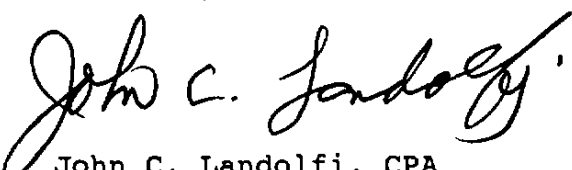
I am enclosing the 1998 Annual Report along with check #180 for \$150. The taxpayer is cordially requesting that the additional fee of \$400 be waived as the initial notices were not received by the taxpayer due to a change of address.

Please note the taxpayer's new address is:

Ossobello, Inc.
670 Island Way
Suite #805
Clearwater, FL 33767

Your consideration on this matter is greatly appreciated.

Sincerely Yours,


John C. Landolfi, CPA

Enclosure