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 # P96000067255

1. Corporation Name

VITTORIO GRETO, INC.

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90051 049 ***150.00

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Principal Place	of Business	Mailing Address	Mailing Address			\$ 18011601 150 16410 61111 68121 08511 \$0114 00150 01111 10050 11001 67101 0111 1001
8264 PRINCESS HOBE SOUND I		8264 PRINCESS TREE RD HOBE SOUND FL 33455			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 08/12/1996
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	26			65-0687192 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Со	Country		8. This corporation owes the current year Intangible
24	25	29	30	30		Personal Property Tax.
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered Agent
BASS, DONALD L 7166 SE OSPREY ST HOBE SOUND FL 33455				81 82 83	1	dress (P.O. Box Number is Not Acceptable)
				84 City FL 85 Zip Code		
affina or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	SEW ORDERO'S INC.	autoonze	n nv	the comora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE						ired when reinstation) DATE
					it signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D .	OELETE	13.			Change Addition
TITLE	•			12 NAME		_ , _
NAME	GRETO, VITTORIO					
STREET ADDRESS	8264 PRINCESS TREE RD			1.3 STREET ADDRESS		
CITY-\$T-ZIP	HOBE SOUND FL 33455	. □ DELETE	_	1.4 CITY-ST-ZIP		Change Addition
TITLE		□ pere₁e		2.1 TITLE		
NAME	l l		T.	2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP_	ZIP DELETE		2:4	2:4 CITY-ST-ZIP		□ Change □ Addition

□ DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS 1000-10 STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS CITY-ST-ZIP 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:

#EQUIRED