**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P9600093063

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-30-1999 90167 017 \*\*\*150.00

FERRAR	O ENTERPRISES, INC.						
Principal Place	e of Business	Mailing Address				<b>4 18180</b> 1(\$)1 <b>40</b> 148 :	
130 IROQUOIS ST. P O BOX 152							
TAVERNIER FL 33070 TAVERNIER FL 33070							
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	<u></u>				11/08/1996 4. FEI Number	1 1 45	plied For
Principal Place of Business     2a. Mailing Address					· ·		t Applicable
21 26 Suite Ant # etc. Suite Ant, # etc.					65-0733615	\$8.75 A	
					5. Certificate of Status Desired	Fee Re	
27     27					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
23         28           Zip         Country         Zip			Country	Country 8. This corporation owes the current year Intar		ntangible	
24	25	29	0		Personal Property Tax.	☐ Yes'	No
	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registered	J Agent	<b>'</b>
			81	Name			į
FERRARO, JOSEPH F			82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)		
103200 OVERSEAS HWY			02	Otreet Addit	pas (1 .o. box (4dilibo) is 1100 / 1000 passo)		
SUITE #5			83				
KEY	LARGO FL 33037		0.4	000		. 85 Zip (	Code
,			84 City		oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur		
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Florid	a Statutes	nt signature required	·	· •	
TITLE	D.,	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FERRARO, JOSEPH F	RRARO, JOSEPH F		1 .			Í
STREET ADDRESS			1,3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP			1
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	FERRARO, TERESA		2.2 NAME				1
STREET ADDRESS	130 IROQUOIS ST			T ADDRESS	•		.[
CITY-ST-ZIP	TAVERNIER FL 33070			ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition i
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		· _	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME			•	
STREET ADDRESS	·		4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE	:	DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	į		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	l l		5.4 CITY-5	ST-ZIP			
TITLE	DELETE 6.1		6.1 TITLE			☐ Change	☐ Addition
NAME	,		6.2 NAME				
STREET ADDRESS	]		6.3 STREE	TADORESS			

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 employered 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 apacitment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #