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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000011285 (8)

1. Corporation Name
GIULIO FIORINO, INC.

Principal Place of Business
17525 SUNSET TERRACE
WINTER GARDEN FL 34787

Mailing Address
17525 SUNSET TERRACE
WINTER GARDEN FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7531 West 192 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 326 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/03/1997	
22 City & State 23 Kissimmee, FL 24 34747 25 USA		27 City & State 28 Killarney, FL 29 34740-0324 30 USA		4. FEI Number 59-3438356 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent FIORINO, GIULIO 17525 SUNSET TERRACE WINTER GARDEN FL 34787				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	0	1.1 TITLE	P and S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FIORINO, GIULIO	1.2 NAME	Fiorino, Giulio				
STREET ADDRESS	17525 SUNSET TERRACE	1.3 STREET ADDRESS	17525 Sunset Terrace				
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	Winter Garden, FL 34787				
TITLE		2.1 TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		2.2 NAME	Peter Fiorino				
STREET ADDRESS		2.3 STREET ADDRESS	17525 Sunset Terrace				
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Garden, FL 34787				
TITLE		3.1 TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		3.2 NAME	FRANK Ragni				
STREET ADDRESS		3.3 STREET ADDRESS	10853 Vista del Sol Circle				
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clemon, FL 34711				
TITLE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		4.2 NAME	Michelle Fiorino-Ragni				
STREET ADDRESS		4.3 STREET ADDRESS	10853 Vista del Sol Circle				
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clemon, FL 34711				
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		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.

SIGNATURE *[Signature]* 4/14/98 112300-8111

CR2E034 (10/97)