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 # P97000018171

FIORELLO, INC.

Principal Place of Business

Mailing Address

2128 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 2128 HOLLYWOOD BLVD. HOLLYWOOD FL 33020

FILED Jan 30, 1999 8:00am Secretary of State

01-30-1999 90007 033 ***150.00



HOLLYWOOD FI	L 33020	HOLLYWOOD FL 33020			DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/21/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
26					65-0795300		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1	75 Additional e Required	
City & State 28				6. Election Campaign Financing ☐ \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country Zip			Country	Country 8. This corporation owes the current year Intangible				
3	25 29 30			Personal Property Tax.			□No	
111	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
1	4 7 7 8 9 6 8 9 6	2 1 1 2 3 4 7 7	81	Name				
MANCINI, FRANK J 2128 HOLLYWOOD BLVD.			82	2 Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020			83					
			84	City		FL 85	Zip Code	
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a				ed when reinstating)	DATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
HITLE	PSTD	. DELETE	1.1 TITLE		. A . T. 127 (☐ Cha	nge	
NAME	MANCINI, FRANK J		1.2 NAME					
STREET ADDRESS	2128 HOLLYWOOD BLVD.		1.3 STREET	TADDRESS	•	•		
л і CЛTY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-S	IT-ZIP				
finte	V	☐ DELETE	2.1 TITLE			☐ Cha	nge	
NAME	Brown, Elizabeth M		2.2 NAME					
STREET ADDRESS	REET ADDRESS 2128 HOLLYWOOD BLVD.			TADORES\$	s			
CITY-ST-ZIP	HOLLYWOOD FL 33020	the graph tens	2, 4 CITY-5	ST-ZIP	·			
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NAME			3.2 NAME					
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CJTY-ST-ZIP			3.4. CITY- 9	ST-ZIP		☐ Cha	nge	
mLE		DELETE	4.1 TITLE			Cna	uße 🤚 🦳 wagigou	
NAME			4, 2 NAME		•			
STREET ADDRESS	1. 2. J. S. C. S.	•		TADDRESS	•			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP		Cha	inge Addition	
ATTLE		. UELEFG	5.1 311LE 5.2 NAME			٥٨٥	ingo a Cili ricanoni	
NAME:			1	T ADDRESS				
STREET ADDRESS	్ కట్టి		5.4 CITY-S		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	•	
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4. 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 in the receiver of 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

SMATURE AND PARTY TO THE AND THE OR DIRECTOR

/16/99

(954) 922-1221 Daytime Phone # 32E034 (11/98)