FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031467 (8)

TRAMONTANO ENTERPRISES, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T TOURINGON THE FRONT FROM THE PARTY CONTROL OF	/(D) 40/40 1/40 / 1/50/ 010	/IIV 01111 1001 1001	
1258 NW 110TH AVE. 1258 NW 110TH AVE.									
PLANTATION FL \$3322	PLANTATION FL 33322				DO NOT WRITE IN THIS SPACE				
							: IN THIS SPACE		
						3. Date Incorporated or Qualified 04/07/1997			
2. Principal Place of Business	28	. Mailing Address				4. FEI Number		Applied For	
21		26				65-0 4434 +1		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional	
22	27					C. Commond of Clares	F6	e Required	
City & State	ļ	City & State				6. Election Campaign Financing		.00 May Be	
23		28 Country				Trust Fund Contribution			
⊢	Country	Zip I	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24 25 29 3				Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent					
		otoroa rigotti		B1	Name	10.			
TRAMONTANO, JAMES 1258 NW 110TH AVE.									
PLANTATION FL		82 Street Ad		Street Addres	ss (P.O. Box Number is Not Accepta	ble)			
PLANIATION PLA	33322		1	63					
			ļ						
				B4	City		FL 85	Zip Code	
11. Pursuant to the provisions	of Sections 601.0502 and	607.1008, Florida Statut	es, the ab	oove-	named corpo	ration submits this statement for the		ing its registered	
office or registered agent.	or both, in the Style of Flor	da. Such change was a	authorized	d by t	the corporatio	ration submits this statement for the in's board of directors. I hereby,acce	pt the appointmen	nt as registered	
	The second second		mila Siai	ulos.		1/2	Z/98		
SIGNATURE Specific production pro	inted argo o regist-red agent and tit	is if applicable (NO1	E Registered	1 Ageni	signature required	d when reinstating)	DIE		
12.	OFFICER AND DIRE		13.			ADDITIONS/CHANGES TO OFFI			
TITLE PD V		☐ DELETE	1.1 111	TLÉ			L Cha	ange	
NAME TRAMONTA			1.2 NA	IME					
STREET ADDRESS 1258 NW 1			1.3 ST	REET A	DORESS				
CITY-ST-ZIP PLANTATIO	N FL 33322			TY-ST-	- ZIP				
TITLE VO		☐ DELETE	2.1 TIT				☐ Cha	ange L. Addition	
I	NO, DEBORAH		2.2 NA						
STREET ADDRESS 1258 NW 1					DDRESS				
CITY-ST-ZIP PLANTATIO	N FL 33322	DELETE		ITY-ST	- ZIP		Cha	ange Addition	
TITLE		D DECEIE	3.1 7()				- LI Cila	mgc	
NAME OTREET ADDRESS			3.2 NA		.DDRESS				
STREET ADDRESS									
CITY-ST-ZIP		DELETE	3.4 CI 4.1 TII	ITY-ST TLF	- 217		☐ Cha	ange Addition	
NAME		occ.	4. 2 N						
STREET ADDRESS					.doress				
CITY-ST-ZIP				TY-ST-					
TITLE		DELETE	5.1 TIT				☐ Cha	ange Addition	
NAME			5.2 NA		`				
STREET ADDRESS					DDRESS .				
CITY-ST-ZIP			1	TY-ST					
TITLE		☐ DELETE	6.1 TII				Cha	ange 🔲 Addition	
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	REET A	JDDRESS				
CITY-SI-ZIP			6.4 CI	TY-ST-	- ZIP	6			
	formation supplied with this	filing does not qualify for	or the exe	emoti	on stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify the	at the information	

Indicated on this armual report or supplied with mis timing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information this armual report or supplicing that population 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 of 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.

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