Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

## 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 # P9700035491 1. Corporation Name

M.C. ANNINOS, INC.

City & State

| rincipal Place of Business                     | Mailing Address                                |  |  |  |
|--|--|--|--|--|
| 11951 Date Palm Dr.<br>Boynton Beach, FL 33436 | 11951 Date Palm Dr.<br>Boynton Beach, FL 33436 |  |  |  |
| \$   |  |  |  |  |
|  |  |  |  |  |
| 2. Principal Place of Business                 | 2a. Mailing Address                            |  |  |  |
| 2. Principal Place of Business                 | 2a. Mailing Address 26                         |  |  |  |

27

28

City & State

05-05-1999 90087 013 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

04/21/1997 4. FEI Number

60-0760471

| ANNINOS, MARIE C   | Zip                   | Country  | Zip                      |                 | Country         |                               | 8. This corporation owes the current   | · <u>-</u>                                 | _                           |
|--|-----------------------|--|--------------------------|-----------------|-----------------|-------------------------------|--|--|-----------------------------|
| ANNINOS, MARIE C  11951 Daic Pafm Dr. Boynton Beach, FL 33436  8  44 City FL 85 Zip Code  45 City FL 85 Zip Code  46 City FL 85 Zip Code  47 City FL 85 Zip Code  48 City FL 85 Zip Code  49 City Florida Statules  40 City FL 85 Zip Code  41 City FL 85 Zip Code  42 City FL 85 Zip Code  43 Sirect ADDRESS  44 City FL 85 Zip Code  44 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  45 City FL 85 Zip Code  45 Sirect ADDRESS  46 City FL 85 Zip Code  47 Sirect ADDRESS  47 Sirect ADDRESS  48 City FL 85 Zip Code  48 Sirect ADDRESS  48 City FL 85 Zip Code  48 Sirect ADDRESS  48 City FL 85 Zip Code  48 Sirect ADD | 4                     | 25   | 29                       | 30              |                 |                               | <u> </u>   |  | No                          |
| ANNINOS, MARIE C 11957 Date Paffin Dr. 8 Boynton Beach, Pl. 33436  14 City FL 85 Zip Code  15 Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 intelligent with and accept the obligations of, Section 67.0505, Florida Statutes.  16 City FL 85 Zip Code  17 Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am intelligent the period the appointment as registered agent. I am intelligent the period the appointment as registered agent. I am intelligent the period the appointment as registered agent. I am intelligent the appointment as registered agent. I am intelligent the appointment as registered agent and intelligent the appointment as registered agent. I am intelligent the appointment as registered agent and intelligent and intelligent the appointment as registered agent and intelligent the appointment as registered agent and intelligent the appointment as registered agent and intelligent  |                       | 9. Name and Address of Current                         | Registered Agent         |                 | <u> </u>        |                               | 10. Name and Address of New Reg  | istered Agent                              |                             |
| Section   Sect   | 11951 Date Palm Dr. 8 |  |                          |                 | 82              |                               | ess (P.O. Box Number is Not Acceptable   | )  |                             |
| office or registered agent, or both, in the State of Flonde. 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 607/305/5, Florida Statutes.  Signature, typed or printed name of registered agent and till of applicable. [NOTE Registered Agent signature required when relatations]  DATE  12. OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  DELETE 1.1THE 1.2THE 1.2T |                       |  |                          |                 | 84              | •                             |  | FL   _                                     |                             |
| Signature, typed or preter caren or ingestered agent and tile if applicable.  NOTE Registered Agent signature required where instituting)  Description of the properties of th | office or             | registered agent, or both, in the State of             | Florida. Such char       | ige was author  | rized by 1      | -named corpo<br>he corporatio | oration submits this statement for the pur<br>n's board of directors. I hereby accept th | pose of changing it<br>ie appointment as i | is registered<br>registered |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 mile  | SIGNATURE             | Signature, byped or printed name of registered agent a | and title if applicable. | (NOTE: Regis    | stered Agent    | signature required            | when reinstating)  | DATE                                       | <del></del>                 |
| ANNINOS, MARIE 11951 Date Palm Dr. Boynton Beach, FL 33436  TITLE 135TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE 135TREET ADDRESS TREET AD | 12.                   |  |                          | <del>_</del>    |                 |                               |  | ERS AND DIRECT                             | ORS IN 12                   |
| ANNINOS, MARIE  11951 Date Palm Dr. Boynton Beach, FL 33436  11951 Date Palm Dr. Boynton Beach, FL 33436  11951 Date Palm Dr. Boynton Beach, FL 33436  12 NAME  22 NAME  22 STREET ADDRESS  21 STREET ADDRESS  22 STREET ADDRESS  23 STREET ADDRESS  24 CGTY-ST-ZP  13 TITLE  10 DELETE  21 TITLE  22 NAME  32 NAME  32 NAME  33 STREET ADDRESS  33 STREET ADDRESS  34 CGTY-ST-ZP  14 TITLE  15 TITLE  16 Change  Addition  Addi | TITLE                 |  |                          | ELETE           | 1.1 TITLE       |                               |  |  |                             |
| 11951 Date Palm Dr. Boynton Beach, FL 33436    DELETE   DELETE   Change   Addition   | NAME                  | ANNINOS, MARIE   |                          | •               | 1.2 NAME        | -                             |  |  |                             |
| Boynton Beach, FL 33436    14 CITY-ST-ZIP  | STREET ADDRESS        | s 11951 Date Palm Dr.                                  | 8                        |                 | 1.3 STREET      | ADDRESS                       |  |  | ,                           |
| ITTLE  AMME  AMME  22 NAME  23 STREET ADDRESS  24 CTY'-ST-ZIP  DELETE  31 TITLE  32 NAME  33 NAME  33 STREET ADDRESS  33 STREET ADDRESS  34 CTY'-ST-ZIP  TITLE  Change Addition  |                       | Boynton Beach, FL 33436                                |                          |                 | 1.4 CITY-ST-ZIP |                               |  |  |                             |
| 22 NAME 5TREET ADDRESS CITY- ST-ZIP 24 CITY- ST-ZIP Change   Addition    STREET ADDRESS    STREET ADDR | TITLE                 | -  |                          | ELETE           | 2.1 TITLE       |                               |  | Change                                     | e Addition                  |
| 23 STREET ADDRESS   24 CTY-ST-ZIP  | NAME                  |  |                          |                 | 2.2 NAME        |                               |  |  |                             |
| 2.4 CITY-ST-ZIP    DELETE   DELETE   3.1 TITLE     Change   Addition   |                       | s  |                          |                 | 2.3 STREET      | ADDRESS                       |  |  |                             |
| INTLE  AAME  AAME  ASTREET ADDRESS  BASTREET ADDRESS  BA |                       |  |                          | 1               | 2. 4 CITY-S     | -ZIP                          |  |  |                             |
| 32 NAME   32 NAME   33 STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP  | TITLE                 |  |                          |                 |                 | -: - t                        |  | Change                                     | e Addition                  |
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| 5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  VAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.6 CITY-ST-ZIP  1.4 Librarbly cortiful that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes Lifurther certify that the information  | NAME                  |  |                          |                 | 5.2 NAME        |                               |  |  |                             |
| DELETE 6.1 TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  STREET ADDRESS  6.4 CITY-ST-ZIP  1.4 Liberably portific 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  | STREET ADDRESS        | s  |                          |                 | 5.3 STREET      | ADDRESS                       |  |  |                             |
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| 14. I because contify 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   | CITY-ST-ZIP           |  |                          |                 |                 |                               | •  |  |                             |
|  | 14 I horoby           | certify that the information supplied with             | this filing does not     | qualify for the | exempti         | on stated in S                | ection 119.07(3)(i), Florida Statutes. I fu  | ther certify that the                      | information                 |

officer or director of the corporation or the receiver or trustee empowered to execute this report as re-Block 12 or Block 13 if changed, or on-an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR