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 # P9700041884

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90021 049 ***150.00

1. Corporation ZITAGLIO							
		Mailing Address					(1 B) (1 1 B B)
Principal Place		2 ST. JOHN'S PLACE					
2 ST. JOHN'S PLACE ORMOND BEACH FL 32176 2 ST. JOHN'S PLACE ORMOND BEACH FL 32176					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	
					05/12/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Appli	ed For
					59-3445050	Not A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8:75 :Add	
27 27 Cib. 8 State					6. Election Campaign Financing	\$5.00 M	av Be
City & State City & State					Trust Fund Contribution	Added to	
23	Country	Zip	Cou	untry	8. This corporation owes the current year	Intangible	
Zip	25	29	30	•	Personal Property Tax.	☐ Yes ☐]No
24	9. Name and Address of Cur				10. Name and Address of New Registers	d Agent	
				81 Name			}
ZITAGLIO, JOHN 2 ST. JOHN'S PLACE				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
ORMOND BEACH FL 32176				83		3. 3.	
				84 City	F	85 Zip Co	ode
SIGNATURE	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	D DELETE		1	TITLE			_ i
NAME	ZITAGLIO, JOHN			NAME			
STREET ADDRESS				STREET ADDRESS			l
CITY-ST-ZIP	ORMOND BEACH FL 32176	☐ DELETE		CITY-ST-ZIP		☐ Change	Addition
TITLE	D AUGUAFI		B	NAME			
NAME	ZITAGLIO, MICHAEL 2 ST. JOHN'S PLACE			STREET ADDRESS			
STREET ADDRESS	ORMOND BEACH FL 32176	\	1 -	CITY-ST-ZIP	فللله الساء الماد الماد المحمود المحمود		
TITLE	UNIVIOND BEAUTITE 32170	DELETE		TITLE		☐ Change	☐ Addition
NAME			3.21	NAME			
STREET ADORESS			3.3	STREET ADDRESS			
CITY-ST-ZIP			3.4.	CITY-ST-ZIP	<u> </u>		- A-1-11-1-
TITLE		☐ DELETE	4.1	TITLE		. ☐ Change	Addition
NAME			4. 2	NAME			
STREET ADDRESS	s		4.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		☐ Change	Addition
TITLE		DELETI		TITLE		_ 2100.192	
NAME				NAME OTREET ADDRESS			
STREET ADDRESS	S		L.	STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP				UH 1-31-4F			
TITLE		□ Deteti	F 1	TITLE		☐ Change	Addition
		☐ DELETI	_	TITLE		☐ Change	Addition
NAME		☐ DELETI	6.2	NAME		☐ Change	Addition
STREET ADDRESS	s	☐ DELETI	6.2 6.3			☐ Change	☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

1/27/99 (904) - 441 - 80
Date Daytime Phone #

CR2E034 (11/98)