PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700043808

1. Corporation PIGHETT	n Name I'S ESPRESSO EQUIPMEN			·			
Principal Place of Business Mailing Address							
2934 FORSYTH RD. 2934 FORSYTH RD.							
WINTER PARK FL 32792 WINTER PARK FL 32792					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	70.7.52	
					05/14/1997	······	<u></u>
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26			59-3452047		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional equired
22		27					<u> </u>
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country Zip 25 29 30			•	This corporation owes the current year In Personal Property Tax.	itangible Yes	X No
24	9. Name and Address of Curren		7.1		10. Name and Address of New Registered	Agent	
			81	Name			
	ietti, donald l		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2934 FORSYTH RD.			02	Street Addi	ess (1.0. Box Hamper to Hatt toospitative)		
WINT	TER PARK FL 32792		83				Ţ
			84	City		85 Zip	Code
				'	FL	_ _`	
office or r	egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida, Such change was auth tions of, Section 607.0505, Florid	horized by la Statutes	the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as re	egistered
	Signature, typed or printed name of registered ager			nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	D LI DELETE PIGHETTI, DONALD L		1.2 NAME				_
NAME				TADDRESS			
STREET ADDRESS	LANGE BARNES BARNES			1			}
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	11-ZIP		Change	Addition
TITLE	1		2.2 NAME				_
NAME				T ADDRESS			ļ
STREET ADDRESS	WINTER PARK FL 32792		2.4 CITY-1				{
CITY-ST-ZIP TITLE	WHITE TANK I C SEFSE	DELETE 3.				☐ Change	Addition
NAME	3		32 NAME				
STREET ADDRESS			8	T ADDRESS			}
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
	1		6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90162 043 ***150.00