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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # P9700 (ITED, INC.	0069910					
Principal Place of Business Mailing Address						0112 01152 1 2110 1818 (
3591 EGRET DE		3591 EGRET DRIVE					
MELBOURNE FL 32901 MELBOURNE FL 32901					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified	IIIO OFMUE	
					08/11/1997		}
2 Principal Pl	lace of Business	2a. Mailing Address			A CCI North C	Ap	plied For
			~		59-3462877	No	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	Additional
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip .	Coun	try	8. This corporation owes the current year		[]N-
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		31 Name	10. Name and Address of New Registe	eu Agent	
ESPOSITO, JEAN 3591 EGRET DRIVE MELBOURNE FL 32901			1	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			[8	34 City		EL 85 Zip C	Code
SIGNATURE	m familiar with, and accept the oblig	agent and title if applicable. (NO			required when reinstalling) DATI ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AND DIRECTORS DELETE		1.1 TITL		ADDITIONS/CHANGES TO OFF TO EN	Change	Addition
TITLE -	D FORGETO IFAN		1.2 NAM				_ \
NAME	ESPOSITO, JEAN 3591 EGRET DRIVE		1	EET ADDRESS	·		
STREET ADDRESS	MELBOURNE FL 32901		1	-ST-ZIP			.
CITY-ST-ZIP	MECROCHIAE LE 35a0 I	□ DELETE	2.1 TITL		DOOC, DOOLT	☐ Change	Addition
NAME			2.2 NAM		BOUT D. ES POSITO		()
STREET ADDRESS				EET ADDRESS	35 91 EGRET DRIVE		
CITY-ST-ZIP				Y-ST-ZIP	PROSIDENT DES POSITO PRANK D. ES POSITO 35 91 EGRET DRIVE HE BOURNE FC 350)	` -	
TITLE		☐ DELETE	3.1 TITL			☐ Change	☐ Addition
NAME			3.2 NAM	Œ	ŧ		
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	Ε		Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				'-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		☐ DELETE	5.1 TTTL	-		☐ Change	
NAME			5.2 NAA				ı
STREET ADDRESS				EETADORESS	·		
CITY-ST-ZIP		DELETE	5.4 CITS 6.1 TITL	/-ST-ZIP .E		☐ Change	Addition
3.5	Charle Alle	•	6.2 NAM				
·	the substitute of the			EET ADDRESS	,		ļ
STREET ADDRESS	Property and		B 0.00111				

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP