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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076211

1. Corporation Name

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90106 017 ***150.00

CHINIO IV	ARTOGLIO, INC.							
Principal Place	e of Business	Mailing Address			1 10011351 (10 10111 16011 00111 36111 1			80) (180) (41) (80)
740 CHARMWOOD DR 740 CHARMWOOD DR								
ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086					DO NOT WOITE	IN THIS S	DACE	
					DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS S	PACE	 ,
					09/02/1997			
a Principal Di	lace of Rusiness	2a. Mailing Address			4. FEI Number	_		Applied For
2. Principal Place of Business 2a. Mailing Address 21					59-3464743		1-1	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
22		27			5. Certifcate of Status Desired		Fee	Required
City & State	е	City & State			6. Election Campaign Financing			10 May Be
23		28			Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Country	′	8. This corporation owes the curren			\ -a
24	25	29 30	<u> </u>		Personal Property Tax.		Yes	₩0
	g. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	gistered A	gent	
MAD	TOGLIO, CHRISTOPHER J		[,	' '		_		
	CHARMWOOD DR		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	AUGUSTINE FL 32086		83			_	-	
0.7	(000011112 1 2 02000		"			_		
			84	City		FL	85 Z	ip Code
office or r	egistered agent or both in the State o	if Florida. Such change was auth	iorizea by	e-named co	orporation submits this statement for the pu ation's board of directors. I hereby accept t	rpose of c the appoint	hanging Iment as	its registered registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	š.				
agent. I a	Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes	š.	uired when reinstating)	DATE		
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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:

904.794.0067