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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700093473 1. Corporation Name

PICOLLA VENEZZIA INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90076 038 ***150.00



	LINEZZIA, IIVO								
Principal Place of B	Business	Mailing Address			.	וכם נווסה וופפי וווסו סוו וכפווסטו ו	il Bi lli Bi ll i il	DI di şilil didiş .	1 0689 (5)) 5 00 5
2642 S MAGUIRE RD OCOEE FL 34761 OCOEE FL 34761 OCOEE FL 34761						DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed			}
						10/24/1997			<u></u>
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number			plied For t Applicable
21		Suite, Apt. #, etc.			 -	59-3478762		\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip Country		Zip Country				8. This corporation owes the current year Intangible			
24	25	29 3	0			Personal Property Tax.			<u> </u>
	 Name and Address of Current 	Registered Agent		.T		10. Name and Address of New R	egistered A	lgent	
00000	no en v		81	II Na	ime				
	BEVERLY K MAGUIRE RD		82	2 St	eet Addre	ess (P.O. Box Number is Not Accepta	ble)		
OCOEE	FL 34761		83	3	-			_	
			84	4 Ci	ty		FL	85 Zip (Code
11 Durayant to the	na provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	ve-nai	med corpo	pration submits this statement for the	numose of c	hanging its	registered
office or regist	tered agent or both in the State o	it Fiorida. Such change was aut	norizea ov	v me i	corporatio	n's board of directors. I hereby accep	t the appoin	tment as re	gistered
1	miliar with, and accept the obligati	ons of, Section 607.0505, Flore	a Statute	s.					1
SIGNATURE	ature, typed or printed name of registered agent				A		, DATE		 }
		and title if applicable. (NOTE: F	Registered Age	ent sign:	ature required				<u> </u>
12.	OFFICERS AND	DIRECTORS	13.	ent sign	ature required	ADDITIONS/CHANGES TO OFF			
12.			<u> </u>		atura required			D DIRECTO	PRS IN 12
12.	OFFICERS AND	D DIRECTORS	13.		atura required				
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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: