· 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

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90039 050 ***150.00

	s simulation
DOCLIMENT #	P97000100694
DCCCIVILITION	P97000100094

1. Corporation Name

M & B CLASSETTI, INC

	'-'	٠.	•	1, 1
Principal	Place of I	Bus	ine	SS

Mailing Address



2006 SW 7TH PLACE CAPE CORAL FL 33991	2006 SW 7TH PLACE CAPE CORAL FL 33991		DO NOT WRITE IN THIS	SPACE 6
		i	3. Date Incorporated or Qualifed 11/24/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0794667	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25		untry	This corporation owes the current year Int Personal Property Tax.	angible □ Yes □ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent
CLASSETTI, MICHAEL 2006 SW 7TH PLACE CAPE CORAL FL 33991		81 Name 82 Street Addre	ss (P.O. Box Number is Not Acceptable)	Majora da T
•		84 City	FL	*
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblight.	e of Florida. Such change was authorize ations of, Section 607.0505, Florida Sta	d by the corporation	n's board of directors. I hereby accept the appor	changing its registered ntment as registered

agent. I a	m familiar with, and accept the objigations of, Section 607.0505, Flor	ida Statutes.	11, 100
SIGNATURE	man houselle		when reinstating) DATE
12,	Sphere, typed or printed hame of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLASSETTI, MICHAEL	1.2 NAME	
STREET ADDRESS	2006 SW 7TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33991	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLASSETTI, BRIDGET	2.2 NAME	
STREET ADDRESS	2006 SW 7TH PLACE	2.3 STREET ADDRESS	
	CAPE CORAL FL 33991	2, 4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	•
STREET ADDRESS	•	3.3 STREET ADDRESS	
1		3.4. CITY-ST-ZIP	
CITY-ST-ZIP	DELETE	4.1 TITLE	☐ Change ☐ Addition
	,	4. 2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE	J Date 12	5.2 NAME	_ *
NAME		5.3 STREET ADDRESS	
STREET ADORESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY CT. 7ID		0.7 011 1-01-24	

14. 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: