## 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

## DOCUMENT # P9800001045

1. Corporation Name

FORTUNA, INC.

Principal	Place of	Business

Mailing Address

833 NW 10TH STREET OCALA FL

833 NW 10TH STREET OCALA FL

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90102 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

-		٠ - ي		-	01/02/1998	~ ′		
2. Principal P	Principal Place of Business 2a. Mailing Address					2-1774	V.	Applied For
21		26				351728	8	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	tue Decired	\$8.7	75 Additional
22		27			5. Certificate of Sta	atus Desireu L	Fe Fe	e Required
City & State	9	City & State	,		6. Election Campa	ign Financing	-, \$5.	.00 May Be
23		28			Trust Fund Con	tribution	Add	ded to Fees
Zip	Country		Country	у	8. This corporation	owes the current	year Intangible	
24	25	29 30			Personal Prope	rty Tax.	Yes	□No
	9. Name and Address of Current	<del></del>			10. Name and Add	tress of New Reg	istered Agent	
			81	Name				
	Sarella, Mike		-	Charact (	Address (D.O. Boy Number	in Not Accontable		
1801 B BELCHER RD.			82 Street Address (P.O. Box Number is Not Acceptable)					
LARG	GO FL 33771		83	3				
	*		84	City			E1 85	Zip Code
	to the provisions of Sections 607.0502	COZ 4500 Florido Statutos II	ho obou	to named t	nornaration submits this str	atement for the nu	rnose of changin	n its registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was autho	rized by	y the corpo	ration's board of directors.	I hereby accept the	ne appointment	as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	S.				
SIGNATURE							B.175	
****	Signature, typed or printed name of registered agent			ent signature re	equired when reinstating)	ANGES TO OFFIC	DATE AND DIDE	CTOPS IN 12
12.	OFFICERS AND	DIRECTORS	13.		AUDITIONS/CH/	ANGES TO OFFIC	Cha	
TITLE	D	U DELETE	1.1 TITLE		FLORIMONTE	FRANK	L) One	inge DF radiion
NAME	PASSARELLA, MIKE		1.2 NAME		12 ALMOND TE	201 20		
STREET ADDRESS	2804 BRIDLEWOOD CT.		1.3 STREE	ET ADDRESS	12 ALMOND IN	- 4 /-		
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-	ST-ZIP	OCALA FL	34472		
TITLE		☐ DELETE	2.1 TITLE		_		☐ Cha	inge
NAME		-	2.2 NAME	,			• • •	
STREET ADDRESS		·	2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	-			☐ Cha	inge Addition
NAME	· * * ; <del>*</del>	1	3.2 NAME	.				
STREET ADDRESS		i	3.3 STRFF	ET ADDRESS				
			3.4. CITY-					
CITY-ST-ZIP TITLE			4.1 TITLE		-		Cha	inge Addition
			4, 2 NAME				_	- <del>-</del>
NAME		į						
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-				[] Cha	inge
TITLE			5.1 TITLE	I			[,_] C();	mas Divocidon
NAME:			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP 1.	The Confidence of the Confiden		5.4 CITY-		<del></del>			
TITLE 🕻 🤼	The state of the s	☐ DELETE	6.1 TITLE				☐ Cha	ange
NAME	•		6.2 NAME					
STREET ADORESS			6.3 STREE	ET ADDRESS			.•	
		•	6.4 CITY-	ST-ZIP				
CITY-ST-ZIP								

or quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the sy, with all other like empowered. I hereby certify that the information sui indicated on this annual report or supp officer or director of the corporation or Block 12 or Block 13 if changed, or of

SIGNATURE: