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~≝PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800007534

1. Corporation Name

MANNE CAIDONE DA

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90022 010 ***150.00

JONINE	CAITONE, F-A									
Principal Place	e of Business	Mailing Address	_				4 (82)(85) (42 (812) (811) 20() 48(); 98()	44111 PRILI 1866)	8048 (in: 616: (88)	
4625 BRIARCLIFF LANE		4625 BRIARCLIFF LANE								
COCONUT CREEK FL 33066		COCONUT CREEK FL 33066				DO NOT MOITE ALS	TUIC CDACE			
·						-	DO NOT WRITE IN 3. Date Incorporated or Qualified	INIS SPACE		
							01/22/1998			
2 Principal Di	lace of Business	2a. Mailing Address				+	4 FEI Number	· · ·	Applied For	
	lace of Business ;						65-0827/87	·	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	_					\$8.7	5 Additional	
	m, 610.	27					5. Certificate of Status Desired		e Required	
22 City & State	θ <u></u>	City & State					6. Election Campaign Financing	\$5	00_May.Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Co	ountry			8. This corporation owes the current year	ar Intangible		
24	25	29	30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		Ι.			10. Name and Address of New Registe	ered Ágent		
	OUT JOANNE			81	Name				ļ	
	RONE, JOANNE			82	Street	Address	s (P.O. Box Number is Not Acceptable)			
	BRIARCLIFF LANE									
COC	CONUT CREEK FL 33066			83			•		į	
	•			84	City			85	Zip Code	
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14. I hereby certify that the information supplied with this filling 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, pr on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR