

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 # P98000021510

1. Corporation Name

PIKTWO, INC.

Principal Place of Business
415 MAGNOLIA AVE.
MELBOURNE BEACH FL 32951

Mailing Address
415 MAGNOLIA AVE.
MELBOURNE BEACH FL 32951

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLEMENTE, CORNELIA
415 MAGNOLIA AVE.
MELBOURNE BEACH FL 32951

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

Aug. 3, 1999

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLEMENTE, CORNELIA
415 MAGNOLIA AVE.
MELBOURNE BEACH FL 32951

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALBAN, PATRICIA E
103 SAN PAULO CIR.
MELBOURNE FL 32904

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

100002964861--4
-08/19/99-01083-005
****158.75 ****158.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

KE

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:

Cornelia Clemente, Pres.

Aug. 3, 1999

FILED

99 AUG 12 PM 1:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

0114834

CR2E034 (11/98)

2

AUG. 3, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P. O. BOX 1500
TALLAHASSEE, FL. 32302-1500


RE: PIKTWO, INC., P98000021510

DEAR SIR/MADAM:

THE REASON THE FILING IS DELAYED, IS BECAUSE I WAS HOSPITALIZED THE
BEGINNING OF THE YEAR. AFTER SURGERY AND A HOSPITAL STAY, I'AM STILL
ATTENDING PHYSICAL THERAPY TO DATE.

THANK YOU FOR YOUR UNDERSTANDING.

SINCERELY,


CORNELIA CLEMENTE, PRES.
PIKTWO, INC.
415 MAGNOLIA AVENUE
MELBOURNE BEACH, FL. 32951
407 953 5160 PHONE/FAX