SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

an officer or director of the corporation or the receiver pr in Block 12 or Block 13 if changed, or on an attachment

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P98000027363

A.T. DOMINO INC

Mailing Address

Principal Place of Business 310 PARK BLVD. NORTH VENICE FL 34285

310 PARK BLVD. NORTH VENICE FL 34285

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90013 008 ***150.00



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| Suite, Apt. #, etc. Since | | | | | | DO NOT WRITE IN THIS SPACE | | | |
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| Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 2 | | | | | | | | | |
| Suite, Apt. #, etc. | 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | | Applied I | For |
| City & State | | | 26 | | | 65-0835358 | | Not Appl | licable |
| Zip | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5: Certificate of Status Desired | 8.75 Additional Fee Required | | |
| Zip Country Zip Country Zip Country Zip Country Registered Agent Intangible Personal Property. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 19321 C U.S. HWY 19 NORTH STE. 601 CLEARWATER FL 33764 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent or both, in the State of Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I have agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with and accept the obligations of sections for the purpose of changing its register office of the purpose of changing its register office of the purpose of changing its register office of the purpose of changing its register agent. I am familiar with and accept the obligation of the purpose of changing its register office of the purpose of changing its r | City & State City & State | | | | | | | | |
| 9. Name and Address of Current Registered Agent GAWRON, MARY 19321 C U.S. HWY 19 NORTH STE. 601 CLEARWATER FL 33764 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 65 City FL 85 Zip Code 67 City FL 85 Zip Code 68 City FL 86 Zip Code 68 City FL 87 Zip Code 68 City FL 86 Zip Code 68 City FL 87 Zip Code 69 Zip Code 60 Zip City FL 87 Zip Code 61 Zip City FL 87 Zip Code 61 Zip City FL 87 Zip Code 62 Zip City FL 87 Zip Code 63 Zip Code 64 Zip City FL 87 Zip Code 65 Zip Code 66 Zip Code 67 Zip Code 68 Zip Code 69 Zip Code 60 Z | Zip | ip Country Zip | | | itry | ** | | | |
| GAWRON, MARY 19321 C U.S. HWY 19 NORTH STE. 601 CLEARWATER FL 33764 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Zignature very sound of directors. I hereby accept the purpose of changing its register 84 Zignature very sound of directors. I hereby accept the purpose of changing its register 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 90 | · | | - | 1 | | 10. Name and Address of New Re | gistered Agent | | |
| CLEARWATER FL 33764 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent algorithm required when reinstations) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTELL AGENT A | GAWRON, MARY | | | | | trees /P.O. Box Number is Not Accental | le) | | |
| I1. 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 register 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. Signature Signature Spend or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | L | | | | | |
| 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reimstating) DATE | | | | ļ | | | 85 | Zip Code | |
| 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, and accept the obligations of, section 607.0505, Florida Statutes. Signature Signa | | | | | | | | L | |
| ITLE P ANDRZEJ KACZMAREK DELETE 1.1 TITLE | office or r agent. I a SIGNATURE _ | registered agent, or both, in the State of the familiar with, and accept the obligat | of Florida. Such change vitons of, section 607,050. | was authorized 5, Florida Stati | t by the corpora | tion's board of directors. I hereby accept | une appointment | t as registere | ∌d |
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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 | ITY-ST-ZIP | | | | | | | | |

Dear Sir/Madom:

We have not received the re-newal for this corporation at the beginning of this year. Therefore we over filling this annual report with the appropriate fee of \$150.00 thank you.

Ps. We were okayed over the phone since we have not received previous mail.