


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90043 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000039291

1. Corporation Name

DIDATO FAMILY ENTERPRISES, INC.



Principal Place of Business 8260 SE 58TH AVE OCALA FL 34471	Mailing Address 8260 SE 58TH AVE OCALA FL
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1998
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIDATO, SEBASTIAN 34 BANYAN LOOP OCALA FL 34472-2040		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sebastian U Didato	1.2 NAME	
STREET ADDRESS	6828 SE 89th St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34472	1.4 CITY-ST-ZIP	
TITLE	V.P. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Didato	2.2 NAME	
STREET ADDRESS	26 Banyan Pass Loop	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34472	2.4 CITY-ST-ZIP	
TITLE	JR V.P. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victor Didato	3.2 NAME	
STREET ADDRESS	37 Banyan Dr	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34472	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sebastian Didato	4.2 NAME	
STREET ADDRESS	37 Banyan Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34472	4.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Didato	5.2 NAME	
STREET ADDRESS	37 Banyan Dr	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34472	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Sebastian U Didato **REQUIRED** 4-22-99 352-245-4087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)