


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # P98000040706 1. Corporation Name RANDY CONTE ENTERPRISES, INC.																																																															
Principal Place of Business 4201 NORTH ALBANY AVENUE TAMPA FL 33607		Mailing Address 4201 NORTH ALBANY AVENUE TAMPA FL 33607																																																													
2. Principal Place of Business 11316 ORANGE GROVE DR		2a. Mailing Address SAME																																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																													
City & State Tampa, FL		City & State 																																																													
Zip 33618		Zip 																																																													
Country USA		Country 																																																													
9. Name and Address of Current Registered Agent CONTE, RANDY S 4201 NORTH ALBANY AVENUE TAMPA FL 33607																																																															
10. Name and Address of New Registered Agent 81 Name Randy Conte 82 Street Address (P.O. Box Number is Not Acceptable) SAME 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 <i>[Signature]</i> DATE 7-25-99																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RANDY CONTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11316 ORANGE GROVE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33618</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PRESIDENT	<input type="checkbox"/> DELETE	NAME	RANDY CONTE		STREET ADDRESS	11316 ORANGE GROVE DR		CITY-ST-ZIP	Tampa, FL 33618		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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, on an attachment with an address. SIGNATURE: <i>[Signature]</i> SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																															

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90010 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/04/1998

4. FEI Number

65-0837654

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

CR2E034 (5/99)

Randy Conte Enterprises, Inc.

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607075-90001-8

August 1, 1999

Florida Department of State
Division of Corporations
Attention: Mr. Shawn Toner
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

This letter is pertaining to my annual Corporation Report for 1999. I have recently moved and have been receiving all my mail via forwarding by the post office until I can notify everyone of my new mailing address.

The first notice that I have received was of course the second notice you have sent me. Randy Conte Enterprises, Inc. is a one mans operation and frankly cannot afford the increase from \$150.00 dollars, which I would have paid when it was due.

I have enclosed a copy of the envelope that I received last week along with a check for \$150.00 in hopes of some reconsideration on the filing fee.

Sincerely,



Randy Conte
President

11316 Orange Grove Drive~ Tampa, Florida~ 33618

Office : 404 - 1509 Fax : 915 - 0817