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PROFIT: CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045590

GINA CABRETTI, INC.

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90056 048 ***150.00



Principal Plac	on of Rusiness	Mailing Address				-	AUST OREIN ABNUS CÒRU		(1 111 111 1 1111
Principal Place of Business Mailing Address 3602 NW 23 COURT 3602 NW 23 COURT BOCA RATON FL 33431 BOCA RATON FL 33431									
DOOR HATON		DOOK BRIGHT L 304	NI			DO NOT	WRITE IN THIS	SPACE	
	1					Date Incorporated or Qua 05/20/1998	lifed		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26						7	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5 Octificate of Otation Design	ed 🛘	\$8.75 A	dditional
22		27				5. Certifcate of Status Desir	ea 🗀	Fee Re	quired
City & Stat	tė	City & State				6. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 Added to	
Zip	Country	Zip	Co	ountry		8. This corporation owes the	current year In	tangible	
24	25	29	30			Personal Property Tax.		Ŭ Yes_	□No
	9. Name and Address of Curre			T,		10. Name and Address of N	ew Registered	Agent	
***				81	Name	•			
	GELO, JOHN 2 NW 23 COURT			82	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)		
	CA RATON FL 33431			83			* * * * * * * * * * * * * * * * * * *	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 20101
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				84	City	* " " * **	FI	" 85 Zip C	ode
	5 15°			ᆛᅩᆣ		ration submits this statement to	r the purpose of	changing its	registered
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligi					's board of directors. I hereby	accept the appo	intment as reg	jistered
agent. I a	im familiar with, and accept the obligi	ations of, Section 607.0505	5, Florida Sta	itutes.		is board of directors. Thereby a	scoept the appoi	intment as reg	jistered
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505	, Florida Sta	itutes.		when reinstating)	DATE	munent as reç	JISTEI GU
agent. I a SIGNATURE	m familiar with, and accept the obliging familiar with, and accept the obliging signature, typed or printed name of registered agreements.	ations of, Section 607.0505 ent and title if applicable. ND DIRECTORS	, Florida Sta	atutes.		is board of directors. Thereby a	DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505	(NOTE: Registere	ed by to ed Agent		when reinstating)	DATE	munent as reç	JISTEI GU
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D ANGELO, JOHN	ations of, Section 607.0505 ent and title if applicable. ND DIRECTORS	(NOTE: Registere	atutes. Agent TITLE	signature required w	when reinstating)	DATE	ND DIRECTO	RS IN 12
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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, or on are attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)