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 # **P98000052606**

1. Corporation Name

J.R. CONTINO, INC.

Principal Place of Business	Mailing Address	
10266 S.W. 49TH PLACE COOPER CITY FL 33328	10266 S.W. 49TH PLACE COOPER CITY FL 33328	

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90005 030 ***150.00



Principal Place of Business Mailing Address									1115 8 11010 01111		
10266 S.W. 49TH PLACE 10266 S.W. 49TH PLACE							o .				
COOPER CITY FL 33328 COOPER CITY FL 33328								DO NOT WRITE IN THIS SPACE			
							}	3. Date Incorporated or Qualifed	<u> </u>		
								06/10/1998			
2 Principal Pla	ace of Business	2a. M	ailing Address					4. FEI Number		pplied For	
21		26	ŭ					65-0844756	N	ot Applicable	
Suite, Apt. 1	ŧ, etc.		uite, Apt. #, etc.						\$8.75	Additional	
22		27						5. Certifcate of Status Desired	Fee R	equired	
City & State		Ci	ity & State					6. Election Campaign Financing		May Be	
23		28						Trust Fund Contribution	Added	to Fees	
Zip	Country	Zi _l	Р	Cou	ntry			8. This corporation owes the current year Inta	angible Yes	□No	
24	25	29		30				Personal Property Tax.		LINO	
	9. Name and Address of Current	Register	ed Agent		81	Name		10. Name and Address of New Registered	-Qent		
CON	TINO, JOSEPH				Ľ						
	6 S.W. 49TH PLACE				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
	PER CITY FL 33328				83						
					L				<u>.</u>		
					84	City		FL	85 Zip	Code	
11 Pursuant t	o the provisions of Sections 607 0502	and 607.	1508. Florida Statut	es. the a	bove	-named	corpor	ration submits this statement for the nurnose of	changing it	s registered	
office or re	raistered agent or both in the State o	f Florida.	Such change was a	uthorized	ı bv	the corp	oration'	's board of directors. I hereby accept the appoin	ntment as re	egistered	
	n familiar with, and accept the obligati		ection 607.0505, Fio	ilua Stati	ules	•		1/10/9	? 5	Į	
SIGNATURE	Signature, typed or printed name of registered agent		plicable. (NOTE	: Registered	Agen	nt signature	required w	when reinstating) DATE			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D		☐ DELETE	1.1 TF	ΠE				Change	Addition !	
NAME	CONTINO, JOSEPH			1.2 N	AME						
STREET ADDRESS	10266 S.W. 49TH PLACE			1.3 \$1	TREET	FADDRESS					
CITY-ST-ZIP	COOPER CITY FL 33328	_		1.4 CI	TY-51	T-ZIP					
TITLE			☐ DELETE	2.1 Ti	TLE				Change	Addition	
NAME				2.2 N/							
STREET ADDRESS				2.3 \$1	TREET	r address	1			Ţ	
CITY-ST-ZIP				2.4 C		ST-ZIP	-			☐ Addition	
TITLE			☐ D€LETE	3.1 Π				,	☐ Change	Addison	
NAME				3.2 N/		nn ·				ļ	
STREET ADDRESS						FADDRESS					
CITY-ST-ZIP			☐ DELETE	3,4, C 4,1 TI		T-ZIP			Change	Addition	
TITLE			□ octric	4.1 (I 4 2 N							
NAME							Ì				
STREET ADDRESS						ADDRESS	1				
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CI 5.1 TI		-ZIP	+		Change	Addition	
NAME				5.2 N/							
STREET ADDRESS						T ADDRESS	:	•			
CITY-ST-ZIP						T-ZIP		•			
TITLE			☐ DELETÉ	6.1 TI					Change	☐ Addition	
NAME				6.2 N	AME						
STREET ADDRESS				6.3 ST	FREET	TADDRESS					
CITY-ST-ZIP				6.4 CI	TY-S	T-ZIP					

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: