## 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 # P98000071046

1. Corporation Name

ONRI INDUSTRIES INC

Principal Place of Business		Mailing Address		
3105 MAPLE LANE DAVIE FL 33328		3105 MAPLE LANE DAVIE FL 33328	i.	DO NOT WRI
				<ol> <li>Date Incorporated or Qualifed 08/10/1998</li> </ol>
2. Principal Pl	ace of Business	2a. Mailing Addre	ess	4. FEI Number 65-088977
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	5. Certifcate of Status Desired
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution
Zip	Country 25	Zip <b>29</b>	Country 30	This corporation owes the cur     Personal Property Tax.
	9. Name and Address of Cu		10. Name and Address of New	
1	PRI, JAMES J		81 Name 82 Stree	t Address (P.O. Box Number is Not Accept

**FILED** Mar 02, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Address				i immikht tig tütbi tötti öftra apan gant ann	., 10001 11511 05111 0	
3105 MAPLE L	ANE	3105 MAPLE LANE			ĺ			
DAVIE FL 33328 DAVIE FL 33328					Į	DO NOT INDITE IN THE	IC CDACE	
						DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	
						<del>-  </del>	•	
		A Mailine Address	<del></del>			08/10/1998 4. FEI Number	- T An	olied For
	Place of Business	2a. Mailing Address			į	65-0889771	— <del>— · · ·</del>	Applicable
21 Cuite Ant	# 010	Suite, Apt. #, etc.				400 0 001111	\$8.75 A	
Suite, Apt.	. #, etc.	<del></del>				5. Certificate of Status Desired	•	quired
City & Stat	to	City & State				6. Election Campaign Financing	\$5.00	
<b>—</b>	ic .	28				Trust Fund Contribution	Added to	
<b>Zip</b>	Country	Zip	Cour	ntrv		8. This corporation owes the current year i		-
	25		30			Personal Property Tax.		M⊠No
24	9. Name and Address of Curre	1	00,			10. Name and Address of New Registere	d Agent	
	3. Name and Addition of the Control			81 Name				•
ONG	ori, James J		)					
	5 MAPLE LANE			82 Street	Addres	s (P.O. Box Number is Not Acceptable)		
	/IE FL 33328			83			_	
				~				
			1	84 City		F	85 Zip C	ode
		1007 4500 Florida Cultura	- 456					registered
office or	registered agent, or both, in the Stati	e of Florida. Such change was au	ithorized	by the corp	oration	ation submits this statement for the purpose of s board of directors. I hereby accept the app	ointment as reç	jistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statu	ites.				
SIGNATURE								
	Signature, typed or printed name of registered ag			Agent signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DC IN 12
12.		ND DIRECTORS ☐ DELETE	13.		D	RESIDENT, VINETTO	☐ Change	Addition
TITLE	D MARIE I	Operete	1.1 TIT		, ,	(03/1/8/2) ) //// (02/ 4/4	change	,
NAME	ONORI, JAMES J		1.2 NA		ł			}
STREET ADDRESS	1			REET ADDRESS				
CITY-ST-ZIP	DAVIE FL 33328		_	Y-ST-ZIP	ļ <u></u>			
TITLE	D	☐ DELETE	2.1 TIT		56		Change	N Addition
NAME	ONORI, PAMELA M		2.2 NA	ME	1	CROTANY, DINECTOR	Change	Addition
STREET ADDRESS	3105 MAPLE LANE					CRETARY, DIRECTOR	Change	Addition
CITY-ST-ZIP	DAVIE FL-33328		2.3 ST	REET ADDRESS		CRETARY, DIRECTOR	Change	Addition
TITLE	D					- CRETARY, DIRECTOR		·
NAME		<b>▼</b> DELETE		REET ADDRESS TY-ST-ZIP		CRETARY, DIRECTOR	☐ Change	Addition Addition
STREET ADDRESS	ONORI, CHRISTINA P	DELETE	12.14 CI	REET ADDRESS TY-ST-ZIP LE		CRETARY, DIRECTOR		·
0171/ OF 717	0405 44404 E 1 444E	DELETE	3.1 TIT 3.2 NA	REET ADDRESS TY-ST-ZIP LE		- CRETARY, DIRECTOR		·
CITY-ST-ZIP	0405 44404 E 1 444E	,	3.1 TIT 3.2 NA 3.3 ST	REET ADDRESS TY-ST-ZIP LE ME		CRETARY, DIRECTOR	☐ Change	Addition :
TITLE	3105 MAPLE LANE	DELETE	3.1 TIT 3.2 NA 3.3 ST	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		CRETARY, DIRECTOR		·
	3105 MAPLE LANE DAVIE FL 33328 D	,	3.1 TTT 3.2 NA 3.3 ST 3.4. CI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		CRETARY, DIRECTOR	☐ Change	Addition :
TITLE	3105 MAPLE LANE DAVIE FL 33328 D ONORI, ANTHONY B	,	3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4. 2 NA	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		CRETARY, DIRECTOR	☐ Change	Addition :
TITLE NAME	DAVIE FL 33328  D ONORI, ANTHONY B 3105 MAPLE LANE	,	3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4. 2 NA 4.3 ST	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME		CRETARY, DIRECTOR	☐ Change	Addition
TITLE  NAME  STREET ADDRESS	3105 MAPLE LANE DAVIE FL 33328 D ONORI, ANTHONY B	,	3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4. 2 NA 4.3 ST	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP		CRETARY, DIRECTOR	☐ Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DAVIE FL 33328  D ONORI, ANTHONY B 3105 MAPLE LANE	DELETE	12:4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP LE		CRETARY, DIRECTOR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DAVIE FL 33328  DONORI, ANTHONY B 3105 MAPLE LANE DAVIE FL 33328	DELETE	2:4 CI 3.1 TII 32 NA 33 ST 34. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CI 5.1 TII 5.2 NA	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP LE		CRETARY, DIRECTOR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAVIE FL 33328  DONORI, ANTHONY B 3105 MAPLE LANE DAVIE FL 33328	DELETE	2:4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE ME		CRETARY, DIRECTOR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIE FL 33328  DONORI, ANTHONY B 3105 MAPLE LANE DAVIE FL 33328	DELETE	2:4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		CRETARY, DIRECTOR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DAVIE FL 33328  DONORI, ANTHONY B 3105 MAPLE LANE DAVIE FL 33328	© DELETE	2:4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 5.1 TII 5.2 NA 5.3 ST 5.4 CI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		CRETARY, DIRECTOR	☐ Change	Addition Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	3105 MAPLE LANE DAVIE FL 33328 D ONORI, ANTHONY B 3105 MAPLE LANE DAVIE FL 33328	© DELETE	2:4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		CRETARY, DIRECTOR	☐ Change	Addition Addition Addition

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 sher like empowers.

6.4 CITY-ST-ZIP

SIGNATURE: