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

**PROFIT** CORPORATION ANNUAL REPORT

1999

JOE PAPASSO, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000073023**1. Corporation Name

## FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90110 002 \*\*\*158.75

		I			I		Į		ı	ı		H	I			İ		۱	I			İ	I		1	Į							1	I				ı
	ļ		ı	ł	ļ	i	i	ŀ	ı		ľ				ı		H	1	l	ľ	I		I	ı		Ì	١	ľ	ì		ı	ľ	l	۱	۱	l	ı	ľ

	ı									
Principal Place	e of Business	Mailing Address		••		F 10011000 110 12183			19113 88118	14 <b>000</b> 1181 1 <b>93</b> 0
6035 TRIPHAMI		6035 TRIPHAMMER RI	n							
LAKE WORTH		LAKE WORTH FL 334								
								E IN THIS	SPACE	
						ate Incorporated or	Qualifed			ļ
						8/19/1998				
2. Principal P	lace of Business	2a. Mailing Address				El Number	100		\ <del>\-``</del>	olied For
21		26	<del>_</del>			<u>5-086</u>	106		<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. C	ertifcate of Status I	Desired	X	<b>\$8.75</b> A Fee Red	
22		27 City 8 Ctate							<del></del>	
City & Stat	ie .	City & State				lection Campaign F rust Fund Contribut	_		\$5.00 to Added to	•
23 -	Country	28	Countr	v		his corporation owe		ant year Into		31000
Zip	25	29	30	,	Ŀ	ersonal Property T		ont your mic	Yes	⊠No
24	9. Name and Address of Current					lame and Address		egistered /		
	3. Italia dia Address of Carlett	. Hogiotologo / Igo.ii	8.	Name						
PAP.	ASSO, JOE		-		/5.6	no North of M		LI-V		
6035	5 TRIPHAMMER RD.		82	Street	Address (P.C.	). Box Number is N	ot Accepta	Die)		
LAK	E WORTH FL 33463		8:	3						
				<u> </u>					Ta-1	
1			84	City				FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida S	Statutes, the abo	ve-named	corporation s	submits this stateme	ent for the	purpose of	changing its	registered
office or r	to the provisions of Sections 607.050. registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change w	vas authorized bi	v the corpo	oration's boar	rd of directors. I he	reby accep	t the appoir	ntment as reg	gistered
agent. I a	im tamiliar with, and accept the obligat	ions of, Section 607.0505	o, Fiorida Statute	<b>.</b>						).
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Registered Ag	ent signature a	equired when rein	stating)		DATE		
12.	OFFICERS AN		13.		AD	DITIONS/CHANGE	S TO OF	ICERS AN	D DIRECTO	RS IN 12
TITLE		DELET	E 1,1 TITLE		P/T/	5			Change	Addition
NAME			1.2 NAME		7		4400	· ·		
STREET ADDRESS	1		1.270 1.1.2		7040	PH M. P	44.11.3	~ ~ _		
	, ;			ET ADDRESS	6035	TRIPHA	1 W 1-16	e Ko	12	
CITY-ST-ZIP	, ,			•	6035	PH M. PI TRIPHE WORTH	1 W 1-16	2 Ro 334	:63	
CITY-ST-ZIP	, ,	. DELET	1.3 STRE 1.4 CITY-	ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	:63 ☐ Change	Addition
		DELET	1.3 STRE 1.4 CITY-	ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko		Addition
TITLE		DELET	1.3 STRE 1.4 CITY- TE 2.1 TITLE 2.2 NAME	ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko		Addition :
TITLE NAME		DELET	1.3 STRE 1.4 CITY- TE 2.1 TITLE 2.2 NAME	ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	Change	
TITLE NAME STREET ADDRESS		DELET	1.3 STRE 1.4 CITY- TE 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY-	ST-ZIP  ET ADDRESS  ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko		☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			1.3 STRE 1.4 CITY- TE 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY-	ST-ZIP  ET ADDRESS  ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE - 2.4 CITY- TE 3.1 TITLE 3.2 NAME	ST-ZIP  ET ADDRESS  ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE - 2.4 CITY- TE 3.1 TITLE 3.2 NAME	ST-ZIP  ET ADDRESS  \$T-ZIP  ET ADDRESS	6035	TRIPHA	1 W 1-16	e Ko	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.3 STRE 1.4 CITY- 1.7 ITLE 1.2 NAME 2.3 STRE 2.4 CITY- 1.6 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELET	1.3 STRE 1.4 CITY- 1.7 ITLE 1.2 NAME 2.3 STRE 2.4 CITY- 1.6 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ST-ZIP  ET ADDRESS  \$T-ZIP  ET ADDRESS  ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 1.5 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 1.6 4.1 TITLE 4.2 NAME	ST-ZIP  ET ADDRESS  \$T-ZIP  ET ADDRESS  ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- TE 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY TE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS	6035	TRIPHA	1 W 1-16	e Ko	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELET	1.3 STRE 1.4 CITY- 1.7 ITILE 2.2 NAME 2.3 STRE 2.4 CITY- 1.6 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 1.7 ITILE 4.2 NAME 4.3 STRE 4.2 NAME 4.3 STRE 4.4 CITY- 1.7 ITILE 5.1 TITLE 5.1 TITLE	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	☐ Change	Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 1E 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 1E 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 1E 5.1 TITLE 5.2 NAME 5.2 NAME	ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  E ET ADDRESS ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- TE 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY TE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- TE 5.1 TITLE 5.2 NAME 5.3 STRE	ST-ZIP  ET ADDRESS -ST-ZIP   6035	TRIPHA	1 W 1-16	e Ko	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 1E 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 1E 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 1E 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ST-ZIP  ET ADDRESS -ST-ZIP   6035	TRIPHA	1 W 1-16	e Ko	☐ Change ☐ Change ☐ Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 1E 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 1E 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 1E 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ST-ZIP  ET ADDRESS -ST-ZIP   6035	TRIPHA	1 W 1-16	e Ko	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELET	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 1E 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 1E 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 1E 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	6035	TRIPHA	1 W 1-16	e Ko	☐ Change ☐ Change ☐ Change	Addition  Addition

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. CITY-ST-ZIP ....

SIGNATURE: