


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

03-02-1999 90094 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000077474		
1. Corporation Name GUIDO BARISONE, INC.		



Principal Place of Business 2450 HOLLYWOOD BLVD., SUITE 401 HOLLYWOOD FL 33020 CASA BARISONE 8037 WEST SANDPPE RD	Mailing Address 2450 HOLLYWOOD BLVD., SUITE 401 HOLLYWOOD FL 33020 8037 WEST SANDPPE RD CORAL SP. FL 33065
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/08/1998	
4. FEI Number 65-0861497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD., SUITE 401 HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name GUIDO BARISONE 82 Street Address (P.O. Box Number is Not Acceptable) 8037 WEST SANDPPE RD 83 84 City CORAL SPRINGS FL 85 Zip Code 33065
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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 *[Signature]* **GUIDO BARISONE** 1/21/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE NAME FEDER, LAWRENCE H STREET ADDRESS 2450 HOLLYWOOD BLVD., SUITE 401 CITY-ST-ZIP HOLLYWOOD FL 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME GUIDO BARISONE 1.3 STREET ADDRESS 3200 MARION AVE 1.4 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **GUIDO BARISONE PRES** 1/21/99 (954) 345-7770
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)