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 # P98000083435

1. Corporation Name

FRANCIE PAINO, INC.

Principal Place of Business

Mailing Address

1314 ISLAND SHORES DRIVE

1314 ISLAND SHORES DRIVE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90123 043 ***150.00



WEST PALM BE	EACH FL 33413	WEST PALM BEACH FL 3341	13	DO NOT WRITE IN THIS	CDACE		
				3. Date Incorporated or Qualifed	3FACE		
				09/25/1998		-	
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	T A	pplied For	
	f Istand Shores Dri	<u> </u>	1 Stores Dr			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	NO VOLED DE	<u> </u>		Additional	
22	m, etc.	27		5. Certifcate of Status Desired		equired	
City & State City & State		Ra-1 C	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
23 (2) 63.4	ain Beachit	Zip	Country			to rees	
24 33 U1	25 U.S.A.	<u> </u>	o us A	This corporation owes the current year Interpretation Personal Property Tax.	Yes	ØN₀	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent		
			81 Name				
KARPELES, RICHARD 11872 N.W. 2ND COURT CORAL SPRINGS FL 33071			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
	•		84 City	<u></u>	85 Zip	Code	
	•		.	FL oration submits this statement for the purpose of	. ``		
office or r agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	horized by the corporation da Statutes. Registered Agent signature requirect	n's board of directors. I hereby accept the appointment of the properties of the pro	nunen as re	agistered .	
organization (April or Printed			kegistered Agent signisture required	when reinstaurig)			
	OFFICE DC AND	DIDECTORS	1 42	ADDITIONS/CHANGES TO DESICERS AN	ID DIRECT	ORS IN 12	
12.			13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	ORS 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP