

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 # **P98000089102**

1. Corporation Name
EXACTITUDE II, INC.

Principal Place of Business

**644 ISLAND WAY, #603
CLEARWATER FL 33767**

Mailing Address

**644 ISLAND WAY, #603
CLEARWATER FL 33767**

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90045 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2565 Blackburn Street

2a. Mailing Address

26 2565 Blackburn Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Clearwater, Florida

City & State

28 Clearwater, Florida

Zip Country

24 33763

Zip Country

29 33763

9. Name and Address of Current Registered Agent

**DECIO, ROBERTO
644 ISLAND WAY, #603
CLEARWATER FL 33767**

10. Name and Address of New Registered Agent

81 Name ROBERTO DECIO

82 Street Address (P.O. Box Number is Not Acceptable)

2565 Blackburn Street

83

84 City Clearwater

FL

85 Zip Code 33763

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 **ROBERTO DECIO / REGISTERED AGENT**

APRIL 28, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DECIO, GIORGIO**
STREET ADDRESS **644 ISLAND WAY, #603**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☐ DELETE
NAME **DECIO, ROBERTO**
STREET ADDRESS **644 ISLAND WAY, #603**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
1.2 NAME **GIORGIO DECIO**
1.3 STREET ADDRESS **2565 BLACKBURN STREET**
1.4 CITY-ST-ZIP **CLEARWATER FLORIDA 33763**

2.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
2.2 NAME **ROBERTO DECIO**
2.3 STREET ADDRESS **2565 BLACKBURN STREET**
2.4 CITY-ST-ZIP **CLEARWATER FLORIDA 33763**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

ROBERTO DECIO / REGISTERED AGENT **4/28/99** **727-723-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (11/98)