PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000092776

1. Corporation Name FRANK ORETO CORPORATION									
Principal Place of Business Mailing Address							T 1881(88) (10 1818) (814) 8811 8811 8811 8811 1811 1811 1811		
5531 MANATEE NEW PORT RIC	POINT DR.	5531 MANATEE POINT DR. NEW PORT RICHEY FL 34652				DO NOT WRITE IN THIS SPACE			
2. Principal Pl	ace of Business		2a. Mailing Address				3. Date Incorporated or Qualifed  10/30/1998  4. FEI Number  1800 100 100 100 100 100 100 100 100 100		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		
City & State			City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	25	Country	Zip <b>29</b>	30 Cot	intry		8. This corporation owes the current year Intangible Personal Property Tax.		
J. 3. 1	9. Name and	Address of Currer	t Registered Agent		l		10. Name and Address of New Registered Agent		
ORETO, FRANK 5531 MANATEE POINT DR. NEW PORT RICHEY FL 34652					82 83 84	City	Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code		
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 register 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 familied with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signatur y poor of the family applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition		
NAME	ORETO, FRANK				1.2 NAME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					1.4 CITY-ST-ZIP				
TITLE	☐ DELETE			2.1 T	2.1 TITLE		☐ Change ☐ Addition		
NAME				2.2 N	AME				
STREET ADDRESS	RESS				2.3 STREET ADDRESS				
CITY-ST-ZIP					2. 4 CITY-ST-ZIP		The application of the second		
TITLE	DELETE			3.1 T	3.1 TITLE		☐ Change ☐ Addition		
NAME					3.2 NAME		·		
STREET ADDRESS	EET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP DELETE					3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition		
TITLE			L. DELETE	4					
NAME				4.21		ADDOCOO			
STREET ADDRESS					4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 C	111-21	-4F			

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURE: ~

ππLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

9-4-99 727-842-3972 Daytome Phone #

☐ Change

☐ Change

☐ Addition

Addition

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90175 014 \*\*\*150.00

(08/11) #6037