


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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90057 031 ***158.75

031-0086

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000094243

1. Corporation Name
FORTUNATO & ASSOCIATES, P.A.



Principal Place of Business 615 EAST LAS OLAS BLVD. SUITE #1150 FT. LAUDERDALE FL 33301-2268	Mailing Address 515 EAST LAS OLAS BLVD. SUITE #1150 FT. LAUDERDALE FL 33301-2268
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1998

2. Principal Place of Business 21 110 S.E. 6th St. Suite, Apt. #, etc. 22 Suite 1601 City & State 23 Ft. Lauderdale, FL Zip Country 24 33301 25 USA	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number 65-0873495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

**RIDGLEY-FORTUNATO, MELODY
 515 EAST LAS OLAS BLVD.
 SUITE #1150
 FT. LAUDERDALE FL 33301-2268**

10. Name and Address of New Registered Agent

81 Name MELODY RIDGLEY-FORTUNATO
82 Street Address (P.O. Box Number is Not Acceptable) 110 S.E. 6th Street
83 Suite 1601
84 City Ft. Lauderdale FL 85 Zip Code 33301

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.

2-11-99

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGLEY-FORTUNATO, MELODY	1.2 NAME	MELODY RIDGLEY FORTUNATO
STREET ADDRESS	515 EAST LAS OLAS BLVD.	1.3 STREET ADDRESS	110 SE 6th Street, suite 1601
CITY-ST-ZIP	FT. LAUDERDALE FL 33301-2268	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **2-11-99** Daytime Phone # **(954) 728-1266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)