


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90005 047 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000099828 ✓ 1. Corporation Name RITA CARLINO'S, INC.					
Principal Place of Business 1108 W. KENNEDY BLVD. TAMPA FL 33608			Mailing Address 1108 W. KENNEDY BLVD. TAMPA FL 33608		
2. Principal Place of Business 21. SAME		2a. Mailing Address 26. SAME		3. Date Incorporated or Qualified 11/23/1998	
Suite, Apt. #, etc. 22.		Suite, Apt. #, etc. 27.		4. FEI Number 59-354-6235	
City & State 23.		City & State 28.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24.		Zip 29.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25.		Country 30.		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARLINO, RITA 1108 W. KENNEDY BLVD. TAMPA FL 33608			10. Name and Address of New Registered Agent 81. Name SAME 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT <input type="checkbox"/> DELETE RITA CARLINO 1108 WEST KENNEDY TAMPA FL 33606				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE JIM RICE 1108 WEST KENNEDY TAMPA FL 33606				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	2ND VICE PRESIDENT <input type="checkbox"/> DELETE KELLY CHANDLER 1108 W. KENNEDY TAMPA FL 33606				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	3RD VICE PRES. <input type="checkbox"/> DELETE RICHARD CHANDLER 1108 W KENNEDY TAMPA FL 33606				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u>SIGNATURE OF CARLINO</u> 6-29/99 813 254 2323 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2F034 (5/99)