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 # P98000100018 1. Corporation Name

2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State City & State City & State Country Zip Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year intangible Personal Property Tax. Personal Property Tax. Name Picone, FRANK 11720 U.S. HiGHWAY 19 #1 PORT RICHEY FL 34668 Zip Code 3. Date Incorporated or Qualifed 10. Replied Fc Not Age for intanging intancing Trust Fund Contribution Added to Fees Tous Free Required S. This corporation owes the current year intangible Personal Property Tax. Yakes Not Added to Fees Not Added to Fees Tous Intended Agent Street Address (P.O. Box Number is Not Acceptable) 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 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 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 register.	MANNINO PICONE, INC.				I STATE HE HER HER BEN ENN ERN ERN ERN ER		
2. Principal Place of Business 2. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Since Again A. FEI Number Scrit Carpaign Financing Trust Fund Contribution Registered Agent Since Country Registered Agent Since Address of New Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 register agent, and address of Sections 607.0505. Florida Statutes.	Principal Place of Business 11720 U.S. HIGHWAY 19 #1 PORT RICHEY FL 34668	11720 U.S. HIGHWAY 19 #1			3. Date Incorporated or Qualifed	SPACE	
9. Name and Address of Current Registered Agent PICONE, FRANK 11720 U.S. HIGHWAY 19 #1 PORT RICHEY FL 34668 82 Street Address (P.O. Box Number is Not Acceptable) 83 PURITHER 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.	21 Suite, Apt. #, etc. 22 City & State 23 Country	26 Suite, Apt. #, etc. 27 City & State 28 Zip C.	ountry	-	FEI Number 5 9 - 3 553 4/ 2 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation owes the current year Interpretal Property Tax.	\$5 Ac tangible	Not Applicable Programme Required S.00 May Bedded to Fees S. No
agent, ratt tarriage and particular	9. Name and Address of C PICONE, FRANK 11720 U.S. HIGHWAY 19 #1 PORT RICHEY FL 34668	17 0502 and 607.1508, Florida Statutes, th	82 83 84 e abov	City e-named cor	ress (P.O. Box Number is Not Acceptable)	L 85	Zip Code
SIGNATURE SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRE	agent. Tatt termina		tered Age		DATE		

agem. 1	,		DATE	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
	Signature, typed or printed name or registered agent	13.	ADDITIONS/0//	Change	Addition
12.		E 1,1 TITLE			
TITLE	PD	1.2 NAME			1
NAME	PICONE, FRANK	1.3 STREET ADDRESS			
STREET ADDRES	s 11720 U.S. HIGHWAY 19 #1	1.4 CITY-ST-ZIP		[] Change	Addition
CITY-ST-ZIP	PORT RICHEY FL 34668	TE 2.1 TITLE		- پ	l
TITLE	STD	2.2 NAME			_
NAME	MANNINO, JOSEPHINE	2.3 STREET ADDRESS	.		
STREET ADDRE	ss 11720 U.S. HIGHWAY 19 #1	2, 4 CITY-ST-ZIP		Change	Addition
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TITLE		6.2 NAME			
NAME		6.3 STREET ADDRESS	·		
STREET ADD	RESS	6.4 CITY-ST-ZIP	and in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the	information
)) 		ad in Section 119 0113)(1), 1 to the section	. Ja under eath' the	กาลเกลเว

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 trustate 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.

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90013 004 ***150.00