**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$55072**

1. Corporation Name CONDOTTI INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90065 036 \*\*\*150.00



15541 SOUTHWEST 152ND TERRACE MIAMI FL 33187		15541 SOUTHWEST 152ND TERRACE MIAMI FL 33187						
					DO NOT WRITE IN THIS S	PACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>05/24/1991</li> </ol>			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For	
21 26					65-0269767	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc					-	\$8.75	Additional	
27					5. Certifcate of Status Desired	Fee Re	equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
28					Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Co			,	8. This corporation owes the current year Inta	ngible		
24	25 29 30				Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent		
				Name	•		ļ	
FARQUHARSON, MELITA			-		A Address (D.O. Bourklymber in Net Accentable)			
15541 S W 152ND TERRACE			82	Street	t Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33187			83					
						<del></del>		
			84	City	FL	85 Zip	Code	
44 Durayant	to the provinces of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-namer	t corneration submits this statement for the purpose of c	hanging its	registered	
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	A Section of the sect				required when reinstation) DATE			
	Signature, typed or printed name of registered age			ni signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DPS IN 12	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE	D	□ DECE IE	1.1 TITLE			دي د دري		
NAME	BLAKE, ANDREW P.		1.2 NAME				ļ	
STREET ADDRESS	15541 S.W. 152ND TERRACE		1.3 STREE	TADDRESS	5		ļ	
CITY-ST-ZIP	MIAMI FL		1.4 CITY- S	T-ZIP		Change	☐ Addition	
TITLE	PD	☐ DELETÉ	2.1 TITLE			☐ Change	L] Addition	
NAME	FARQUHARSON, MELITA		2.2 NAME					
STREET ADDRESS	15541 S.W. 152ND TERRACE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CffY-	T-ZIP				
TITLE	<b>V</b> .	☐ DELETE	31 TITLE			☐ Change	Addition	
NAME	FARQUHARSON, ELGA		3.2 NAME					
STREET ADDRESS	15541 S.W. 152ND TERRACE		3.3 STREE	TADDRESS	s			
CITY-ST-ZIP	MIAMI FL 34.0		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	1 ADDRESS	s		ļ	
CITY-ST-ZIP			4.4 CITY- S			_	{	
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME				· )	
STREET ADDRESS			5.3 STREE	T ADDRESS	s		Ì	
	_		5.4 CITY-5					
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE			Change	☐ Addition	
			6.2 NAME				_ (	
NAME				T ADDRESS	s			
STREET ADDRESS					]		ļ	
CITY-ST-ZIP		Λ	6.4 CITY-5	1-47				

14. I hereby certify that the information supplied with this filling 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 of supplemental arrival 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 at 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:

PEANDREW BLAKE, Director,