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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S66679

(9)

VITO ADAMO, INC.

Principal Place of Business Mailing Address				- 1 IADEFOID 310 DITON BITTON BESTIT TOUR TOUR COLD	DIBLE DIBLE BEBLE BEBLE FABR
10523 NW 10TH ST 10523 NW 10TH ST					
PLANTATION US	FL 33322	PLANTATION FL 33322 US		DO NOT WRITE IN THIS SPACE	
65		US		3. Date Incorporated or Qualified	TIS SPACE
]				07/17/1991	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0272948	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	ha	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
	AMO, VITO		81 Name		
10523 NW 10TH ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PU	ANTATION FL 33322		83		
			63		
			84 City		85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named cor	constinue automite this statement for the survey	a of about the section of
I DINGE OF I	registered agont, or both, in the State im familiar with, and accept the oblic	e of Florida, Such charide was i	authorized by the cornora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		, and an electrical control of the c	ones bialaiss		
	Signature, typed or printed name of nightered ag		E: Registered Agent signature requi		
12.	T-T6	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	ADAMO, VITO	L_ Delett	1 1 TITLE		L_ Change L_ Addition
STREET ADDRESS	10523 NW 10TH ST		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CiTY-ST-ZiP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		[_] DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THILE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T Street	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME Street address			6.2 NAME		
STREET ADDRESS (6.3 STREET ADDRESS		,

14. Thereby 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 13 if charged, or on an allachment with an address.

SIGNATURE:

FILED

Mar 16 1998 8:00am

Secretary of State