## 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 # \$75003 1. Corporation Name

GUIDO MARBLE & GRANITE, INC.

			_						
Principal Place	e of Business	Mailing Address						,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7200 ROSE AVENUE 7200 ROSE AVENUE									
ORLANDO FL 32810-3415 ORLANDO FL 32810-3415						<b>.</b>	OT WOITE IN TO	UO CDAOE	
		•				3. Date incorporated or	Ovalifed	IS SPACE	
		_ ·				08/20/1991			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			lied For	
21		26			59-3079575		<del></del>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status D	esired 🗶	\$8.75 A	I
2	<u> </u>	27				خود - جن	<del> </del>	Fee Rec	
City & State	e · · ·	City & State			6. Election Campaign Fi	- 13	\$5.00		
23		28				Trust Fund Contributi		Added to	rees
Zip	Country	Zip Country				8. This corporation owes			⊐No
24	25	29 30	յ			Personal Property Ta 10. Name and Address			
	9. Name and Address of Current	t Registered Agent		81 1	 Name	10. Name and Address	OI New Registers	eu Agent	
GHIL	)etti, guido		Ì	' ا``	Name				
7200 ROSE AVENUE			Ī	82 Street Address (P.O. Box Number is Not Acceptable)					}
	ANDO FL 32810		- 1	-		<del></del>			
OnL	ANDO 1 E 32010			83					
			}	84	City			85 Zip C	ode
·,							<u>F</u>		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes,	, the ab	ove-n	named corpo e corporation	ration submits this stateme o's board of directors. I here	nt for the purpose aby accept the ap	ot changing its r pointment as reg	egistered istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statu	ites.	o corporation		,-,,	•	{
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen OFFICERS ANI		13.	Agent si	ignature required	ADDITIONS/CHANGE		AND DIRECTOR	2S IN 12
TITLE	PD	DELETE	1,1 TITLE			ADDITIONAL OF BRIGOE	<u>5 10 01 1102.00</u>	Change	Addition
	GUIDETTI, GUIDO		1.2 NAME					_	
NAME		€	1.3 STREET ADDRESS		NUDESS				ì
STREET ADDRESS	ORLANDO FL	·							!
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NAME			5.2 NA						}
STREET ADDRESS			5.3 ST	REET AL	DORESS				
CITY-ST-ZIP	<u> </u>			Y-ST-Z	ZIP	<u>_</u> ,			
TITLE		☐ DELETE	6.1 TIT					☐ Change	☐ Addition
NAME S	1		6.2 NA		)				ļ
STREET ADDRESS	न्देश हैं। हें सम्बद्धाः इ.स.च्या		6.3 ST	REET AL	DDRESS				\ \

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.

6.4 CITY-ST-ZIP

SIGNATURE:

02/26/99

(40/7-)-2/9-1

FILED Apr 23, 1999 8:00 am Secretary of State

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