Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90113 012 \*\*\*150.00

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

PRGFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **V26827**

1. Corporation Name

LA CONTESSA ENTERPRISES, INC.

Principal Place	of Business	Mailing Address	Mailing Address			1 16611 511615 61615 61615 61611 61611 61611 61611 61611 61611
926 CANDLELIGHT BLVD 628 ERIN WAY						
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 US						DO NOT WRITE IN THIS SPACE
00						3. Date Incorporated or Qualifed
						04/07/1992
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	·	26				59-3118981 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27				Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		Zip Country		<u> </u>	Trust Fund ContributionAdded to Fees  8. This corporation owes the current year Intangible	
Zip	Country	<del></del>	30			Personal Property Tax.
24	9. Name and Address of Curren	29	[30]		<del></del>	10. Name and Address of New Registered Agent
	5. Name and Address of Curren	t itogistered Agent	•	81	Name	
Gear, Edward V.						(2000)
628 ERIN WAY				82 Street Address (P.O. Box Number is Not Acceptable)		
BROOKSVILLE FL 34601				83		
	•					leel 7% Out
				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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		D DIRECTORS	13.	-gon	it agridure 104	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 77	TLE		☐ Change ☐ Addition
NAME	SPAGNOLO, CONSTANCE L.		1.2 NAME		- 1	1
STREET ADDRESS	1510 ARNOLD AVE		1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		1.4 Cm		r-ZIP	
TITLE	SD	☐ DELETE	_	2.1 TITLE		☐ Change ☐ Addition
NAME .	GEAR, JOAN		2.2 N	2.2 NAME		
STREET ADDRESS	628 ERIN WAY		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2.40	ITY-S	T-ZIP	
TITLE	TD	☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME	GEAR, EDWARD V.		3.2 N	ME		
STREET ADDRESS	628 ERIN WAY		3.3 S1	REET	ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		3.4. C	n <u>y-s</u>	T-ZIP	
TITLE		☐ DELETE	4.1 Ti	ΠE		☐ Change ☐ Addition
NAME	١٠ (١٩٩٠ ميل پ		4. 2 NAME		1	
STREET ADDRESS			4.3 \$7	REET	ADDRESS	
CITY-ST-ZIP				TY-S1	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME .			5.2 N/		- 1	•
STREET ADDRESS			5.3 S	REET	ADDRESS	
CITY-ST-ZIP			- 1	TY-S1	T-ZIP	
TITLE &	•	☐ DELETE	6.1 TT			☐ Change ☐ Addition
NAME			6.2 N		]	
STREET ADDRESS			6.3 \$	REET	FADDRESS	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR