

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90211 040 \*\*\*150.00

DOCUMENT # V29908

1. Corporation Name  
AQUILINO ENTERPRISES, INC.

Principal Place of Business  
15215 AMBERLY DRIVE  
UNIT #101  
TAMPA FL 33647  
US

Mailing Address  
15215 AMBERLY DRIVE  
UNIT #101  
TAMPA FL 33647  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/15/1992

4. FEI Number  
65-0327046

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 16101 CAMELOT CT.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 16101 CAMELOT CT.  
Suite, Apt. #, etc.

22 City & State  
23 TAMPA, FL

27 City & State  
28 TAMPA, FL

24 Zip 33647 25 Country US

29 Zip 33647 30 Country US

9. Name and Address of Current Registered Agent

AQUILINO, JOAN M.  
15215 AMBERLY DRIVE  
UNIT #101  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name AQUILINO JOAN M.  
82 Street Address (P.O. Box Number is Not Acceptable) 16101 CAMELOT CT.  
83  
84 City TAMPA FL 85 Zip Code 33647

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. OFFICERS AND DIRECTORS	
TITLE	PTC <input type="checkbox"/> DELETE
NAME	AQUILINO, CARL T
STREET ADDRESS	923 SYMPHONIC LANE
CITY-ST-ZIP	HOUSTON TX 77040
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	AQUILINO, RICHARD A
STREET ADDRESS	4715 47TH STREET
CITY-ST-ZIP	SARASOTA FL 34235
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature] AQUILINO, PRESIDENT, 4/17/99 713-460-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0402947

CR2E034 (11/98)