

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 JUL 26 AM 10:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

011687

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 370403

1. Corporation Name
CALITRI ENTERPRISES, INC.

Principal Place of Business 434 HWY. 190 P.O. BOX 130 NICEVILLE FL 32578-0130	Mailing Address 434 HWY. 190 P.O. BOX 130 NICEVILLE FL 32578-0130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1304074	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CALITRI, FREDDY E. 434 HWY. 190 VALPARAISO FL 32580				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number) 3000092952789--3
				B3	08/06/99--01069--001
				B4	City
				B5	Zip Code FL

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 Freddy E. Calitri Pres. DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST CALITRI, FREDDY E	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALITRI, FREDDY E	12 NAME	
STREET ADDRESS	P.O. BOX 130 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	14 CITY-ST-ZIP	
TITLE	SD CALITRI, ADALINE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALITRI, ADALINE	22 NAME	
STREET ADDRESS	P.O. BOX 130 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	24 CITY-ST-ZIP	
TITLE	D CALITRI, FREDDY E	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALITRI, FREDDY E	32 NAME	
STREET ADDRESS	P.O. BOX 130 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: Freddy E. Calitri Freddy E. Calitri Date 7/19/99

CR2E034 (5/99)

Calitri Enterprises, Inc.

434 hwy 190
p.o.Box 130
Niceville Fla.32588-0130

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July 19, 1999

Florida Department of State
Division of Corporations

Dear ; Sir,

Enclosed is our check #3568 for \$150.00. I apologize for the lateness of this check, but I have been very ill with heart problems . I have been in the hospital . I hope that the delay has not caused you any inconvenience. Please except this check, for it won't happen again.

Sincerely,

Fred Calitri
Fred Calitri