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e of Status Desired		• -	.75	Addition Required	
Campaign Financing ad Contribution				May B	
oration owes the curre Personal Property.	nt year	Yes] No	
d Address of New Re	gistered	Agent			
	995 6/99- 150.0	-010		9 001 *158.	
	FI	85	Zip	Code	
s statement for the pur ectors. I hereby accept	pose of c	hanging pintment	its r	egistered egistered	;
	DATE				·
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		Ch	ange	[] Ad	dition

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).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 370403

1. Corporation	Ni Maille				1	
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<u> </u>						
Principal Plac	ce of Business	Mailing Address			{ I HOMAND FORSA FRANSI OMITA DI DAGI	MALAN 1541. ASD15 MIDST AFRIS MEDST MINIT MEDIT INNE
434 HWY. 190)	434 HWY, 190				
P.O. BOX 130		P.O. BOX 130				
NICEVILLE FL 32578-0130 NICEVILLE FL 32578-0130				ITE IN THIS SPACE		
ļ					3. Date incorporated or Qualified	j
					09/28/1970	
	Place of Business	2a, Mailing Addres	55		4. FEI Number 59-1304074	Applied For
21 Suite, Apt.	# 615	26 Suite, Apt. #, e			39-1304074	Not Applicable
22	#, 010.	27	nc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	
23	-	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes the cure	
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address	of Current Registered Agent			10. Name and Address of New I	Registered Agent
CAI	ITOL EDENOV E			81 Name		
	LITRI, FREDDY E. I HWY. 190			82 Street A	ddress (P.O. Box NamhFria Na Para)	m0C27093
	PARAISO FL 32580			-,	-00.4	06/9901069001
¥~L	JP/40/400 FL 02000			83	J. IO. F.	*150.00 ****158.00
				84 City	· · · · · · · · · · · · · · · · · · ·	#15[]. (1) **** 130. (1)
				Journal City		FL s z p Coos
11. Pursuani	t to the provisions of section	ns 607.0502 and 607.1508, Florida	Statutes, the at	oove-named cor	poration submits this statement for the p	urpose of changing its registered
I Office of	registered agent, or both, ii					of the annountment as registered 1
agent. I a	am familiar with, and accep	ot the obligations of, section 607.05	e was authorize i05, Florida Sta	itutes.	ation's board of directors. I hereby acce	pri trie appointment da registered
agent. I a	am familiar with, and accep	of the obligations of, section 607.05	i05, Florida Sta	itutes		privide appointment as ragisticited
agent. I a	am familiar with, and accept the state of th	ot the obligations of, section 607.05	05, Florida Sta PRES (NOTE Registe	itutes	required when reinstating)	DATE
agent. I : SIGNATURE 12.	am familiar with, and accept the state of th	of the obligations of, section 607.05 registered agent and title if applicable FICERS AND DIRECTORS	NOTE Registe	itutes. ered Agent signature	required when reinstating)	DATE FICERS AND DIRECTORS IN 12
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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; this lam 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 appear in Block 12 or Block 13 if changed, or on an attachment with an address.

2

Calitri Enterprises,inc.



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

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