FILED Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000099269 1. Corporation Name

BALLYVOLANE HOLDING, INC.

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Principal Place	e of Business	Mailing Address				-	() 	i iliin taka siaid	i Asirā tati tabi
6100 DEACON I	DR.	6100 DEACON DR.							
WINDERMERE FL 34785		WINDERMERE FL 34785				DO NOT WRI	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	-		
		•				11/25/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-3545329	7		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	Ø	•	Additional .
22 City & State		City & State				6. Election Campaign Financing			May Be
City & State	e	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the curr	rent year In	tangible	
24	25	29	30			Personal Property Tax.		Yes	XINo
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered	Agent	· .
OT 6	AADDADATION AVATEM		8	1 Name	•				
	CORPORATION SYSTEM 1 S. PINE ISLAND RD.		8:	2 Stree	t Addre	ss (P.O. Box Number is Not Accept	able)		
	NTATION FL 33324		8:	2					
LICA	TIMION I E 3302T		6,	ا"					
			84	4 City			FI	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes	s. the abo	ve-name	d corpo	ration submits this statement for the	purpose o	f changing its	registered
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typod or printed name of registered ag	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized bida Statute Registered Ag	y the cor	poration	when reinstating)	DATE		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	e of Florida. Such change was aut gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: 6	thorized of da Statute Registered Ag	y the cor	poration	n's board of directors. Thereby acce	DATE	ND DIRECTO	ORS IN 12
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	e of Florida. Such change was aut gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: f	thorized by da Statute Registered Ag 13. 1.1 TITLE	y the cor	poration	when reinstating)	DATE		
office or reagent. I and SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A D VOSS, JEFFERSON	e of Florida. Such change was aut gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: 6	Registered Ag 13. 1.1 TYTLE 1.2 NAME	y the cor	poration	when reinstating)	DATE	ND DIRECTO	ORS IN 12
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office or in agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A D VOSS, JEFFERSON 6100 DEACON DR. WINDERMERE FL 34785 D SILVERTON, VIVIENNE 6100 DEACON DR.	e of Florida. Such change was autgations of, Section 607.0505, Florid gent and title if applicable. (NOTE: 1) AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.1	ent signatur ET ADDRES ST-ZIP ET ADDRES -ST-ZIP	s required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	ORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

407-876-5431

CR2F034 (11/98)