

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

0109710

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90064 029 \*\*\*150.00

DOCUMENT # P95000078185

1. Corporation Name  
THE ARVIDIAN GROUP, INC.

Principal Place of Business

~~115 HICKORY ST~~  
~~205~~  
~~W MELBOURNE FL 32904~~  
~~US~~

Mailing Address

~~115 HICKORY ST~~  
~~205~~  
~~W MELBOURNE FL 32904~~  
~~US~~

2. Principal Place of Business

21 4451 ENTERPRISE COURT

Suite, Apt. #, etc.

22 N

City & State

23 MELBOURNE, FL

Zip

24 32934

Country

25 U.S.

2a. Mailing Address

26 4451 ENTERPRISE COURT

Suite, Apt. #, etc.

27 N

City & State

28 MELBOURNE, FL

Zip

29 32934

Country

30 U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

59-3341985

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

9. Name and Address of Current Registered Agent

THALLER, WILLIAM A

~~115 HICKORY ST #205~~

~~W MELBOURNE FL 32904~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4451 ENTERPRISE COURT

83 N

84 City

MELBOURNE

85

Zip Code

32934

10. Name and Address of New Registered Agent

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 DPST ☐ DELETE

NAME THALLER, WILLIAM A

STREET ADDRESS ~~115 HICKORY ST STE 205~~

CITY-ST-ZIP ~~W MELBOURNE FL 32904~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4451 ENTERPRISE COURT, SUITE N

1.4 CITY-ST-ZIP MELBOURNE, FL 32934

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

WILLIAM A. THALLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

407-242-8820

CR2E034 (11/98)