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**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # F18060



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90041 041 \*\*\*150.00

ENNIO CHOVEO, INC.	*	•	
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Principal Place	e of Business	Mailing Address					e Heel tetti 64119	#11+11 ##11 #1 <b>#</b> 11			
127 NE 1ST ST 127 NE 1ST ST											
FT. MEADE FL	FT. MEADE FL 33841 FT. MEADE FL 33841						DO NOT WE	RITE IN THIS	SPACE		
16						3. Date Incorp	orated or Qualifed				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numbe			Ар	plied For	
21		26	<del>                                     </del>			59-21214	442		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				E Cortifonto e	of Status Desired		\$8.75	Additional	
22		27	27			J. Certificate C	A Status Desired		Fee Re	equired	•
City & State		City & State					ımpaign Financing	' 🗇	\$5.00		
23		28		<u> </u>		1	Contribution		Added t	to Fees	
Zip	Country	Zip		untry			ation owes the cu	rrent year Ir	itangible ☐ Yes	□No	
24	25	29	30			<del></del>	roperty Tax.  Address of New	Registered			
	9. Name and Address of Curr	rent Registered Agent		81	Name	TO. Name and	Address of New	registered	- Agem		
HAM	IILTON, PAUL										
	NE FIRS STREET			82	Street Addre	ess (P.O. Box Nur	mber is Not Accep	table)		į	
_	IT MEADE FL 33841			83	<del></del>		<del> </del>	•			
		•									
•	•			84	City			Fi	85 Zip (	Code	
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statu	tes, the a	bove-	-named corpo	oration submits th	is statement for th	e nurpose o	f changing its	registered	
l office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was a	authonze	d by ti	he corporation	n's board of direc	tors. I hereby acc	ept the appo	ointment as re	gistered	
agent. i a	in laminar with, and accept the obi	igations of, Section 607.0505, Fil	orida Stat	lutes.						}	
agent. 1 a SIGNATURE	* · · · · · · · · · · · · · · · · · · ·		orida Stat	iutes.		when reinstating)		DATE			á
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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.