PROFIT CORPORATION ANNUAL REPORT

1999

LANGEL, JOHN V.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F52904

Principal Place of Business	Mailing Address	
1207 INDUSTRIAL 31ST ST FT PIERCE FL 34946	3207 INDUSTRIAL 31ST ST FT PIERCE FL 34946	
2. Principal Place of Business	2a. Mailing Address	
¬ '	2a. Mailing Address 26	
¬ '	⊢	
Suite, Apt. #, etc.	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite, Apt. #, etc. City & State	26 Suite, Apt. #, etc.	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State	

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90209 035 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

☐ Yes

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

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

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

11/06/1981 4. FEI Number

59-2141307

2509 N INDIAN RIVER DR				Street Address (P.O. Box Number is Not Acceptable)			
FT PIERCE FL 34946			83			<u>"</u> "	
			84	City	FL 85 Zip	Code	
				L		registered	
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was aut	thorized by	the corpo	corporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	gistered	
SIGNATURE					2/17/99		
	Signature, typed or printed name of registered agent and tit			t signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
12.	OFFICERS AND DIF	T DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	C DECE IE	1.1 TITLE		- Onlinge		
NAME	LANGEL, JOHN		1.2 NAME				
STREET ADDRESS	2509 N INDIAN RIVER DR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000		1.4 CITY-S	r-ZIP			
TITLE	٧	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	LANGEL, PATRICK J		2.2 NAME				
STREET ADDRESS	990 S. JENKINS RD.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000		2. 4 CITY-S	T-ZP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME	Ì			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-7IP			
TITLE		☐ DELETE	4.1 TITLE	.,	Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS			
			4.4 CITY-S				
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE	1-ZIF	☐ Change	Addition	
}		_, •••••	5.2 NAME				
NAME				ADDRESS			
STREET ADDRESS			5.4 CITY- S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-7IL	Change	☐ Addition	
TITLE		□ ntrt ig	6.2 NAME		[_] Criange		
NAME							
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY-S				
14. I hereby o	certify that the information supplied with this	filing does not qualify for t	the exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the	nformation	

Name

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am are 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:

2/17/99 561-466-2400