

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

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 90105 040 ***150.00

DOCUMENT # F72989

1. Corporation Name
MINIERI VOYAGER, INC.

Principal Place of Business
6709 RIDGE RD #200
PORT RICHEY FL 34668-3890

Mailing Address
6709 RIDGE RD #200
PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1982

4. FEI Number
59-2208195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 2739 U.S. Hwy 19

2a. Mailing Address
26 P.O. Box 2108

Suite, Apt. #, etc.
22 SUITE 201

Suite, Apt. #, etc.

City & State
23 HOLIDAY FL

City & State
28 ELFRS FL

Zip Country
24 34691 25 USA

Zip Country
29 34680-2108 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, JOHN
6709 RIDGE RD.
PORT RICHEY FL 34668

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE DP
NAME HUDSON, JOHN E.
STREET ADDRESS 6709 RIDGE RD.
CITY-ST-ZIP PORT RICHEY FL 34668

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2739 U.S. Hwy 19, SUITE 201
1.4 CITY-ST-ZIP HOLIDAY, FL 34691

TITLE S
NAME SILVA, SUSAN
STREET ADDRESS 6709 RIDGE RD
CITY-ST-ZIP PORT RICHEY FL 34668

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2739 U.S. Hwy 19, SUITE 201
2.4 CITY-ST-ZIP HOLIDAY, FL 34691

TITLE VT
NAME NORTON, DAVID C.
STREET ADDRESS 6709 RIDGE ROAD
CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME SLEEMAN, GEORGE
STREET ADDRESS 6709 RIDGE ROAD
CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0502420