## 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

## DOCUMENT # G15523 1. Corporation Name

2920, INC.

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90003 050 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address					
C/O JEROME N. DOLINER   C/O JEROME N. DOLINER   2920 N. PENINSULA DR.   2920 N. PENINSULA DR.						• • •	
DAYTONA BEACH FL 32118-4334 DAYTONA BEACH FL 32118				4334		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						12/28/1982	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	_
26						59-2554438 Not Applical	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired See Required	
City & Sta	City & State	& State				$\dashv$	
23		28	Only & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			This corporation owes the current year Intangible	
24	25		¬ '			Personal Property Tax.	
	9. Name and Address of Currer		<del>**</del>			10. Name and Address of New Registered Agent	
			8	31	Name		
	INER, JEROME N.		-	12	Ctroot Add	Iress (P.O. Box Number is Not Acceptable)	
14 SOUTH COATES ST				1	Street Addi	ress (P.O. Box Number is Not Acceptable)	
DAY	TONA BEACH FL 32018		83				
	• • •		_		0.4		
		•	8	14	City	FI 85 Zip Code **	Ĭ
.11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-n	named corp	poration submits this statement for the purpose of changing its registered	d
	registered agent, or both, in the State am familiar with, and accept the obliga				e corporation	ion's board of directors. I hereby accept the appointment as registered	
	•	11010 01, 0001011 001.0000, 1101	ida Olalak				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	gent si	ignature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	Ξ		☐ Change ☐ Add	tion
NAME	DOLINER, CELESTE K	•	1.2 NAM	E			i
STREET ADDRESS	2920 N PENINSULA DR		1.3 STRE	ET AL	DDRESS		
CITY-ST-ZIP	DAYTONA BCH, FL 00000	·	1.4 CITY-	-\$7-Z	SP .		
TITLE	P	☐ DELETE	2,1 TITLE	Ē		☐ Change ☐ Addi	tion
NAME	DOLINER, JEROME N		2.2 NAME	E	a l		.
STREET ADDRESS	2920 N PENINSULA DR		2.3 STRE	ET AC	ODRESS		
CITY-ST-ZIP	DAYTONA BCH, FL 00000		2. 4 CITY	-ST-2	ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	İ	Change Addi	tion
NAME			3.2 NAME	Ε			
STREET ADDRESS			3.3 STRE	ET AD	ODRESS	the state of the s	
CITY-ST-ZIP			3.4. CITY	-ST-Z	ZIP		
TITLE		☐ DELETE	4.1 TITLE			, Change Addi	tion
NAME			4. 2 NAM	E			.
STREET ADDRESS			4.3 STRE	ET AC	DDRESS		.
CITY-ST-ZIP		<u> </u>	4.4 CITY-		(P		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addi	tion
NAME	}		5.2 NAME		1		- {
STREET ADDRESS			5.3 STRE	ETAD	DORESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-		IP .		
TITLE		☐ DELETE	6.1 TTTLE			☐ Change ☐ Addi	tion
NAME			6.2 NAME	Ē		•	
CTOCKT ADDDECC			I		IDDESS.	•	- 1

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 prostee 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 a dother like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**