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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

96/60

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H70752**

(1)

IVO. INC.

Principal Place of Business Mailing Address % HARRY W. HASKINS % HARRY W. HASKINS 1800 SECOND STREET STE 819 1800 SECOND STREET STE 819 SARASOTA FL 34236 **SARASOTA FL 34236-5904** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1985 03/04/1996 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2581992 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HASKINS, HARRY W. **1800 SECOND STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 819** 83 SARASOTA FL 34236 84 City 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. Lam 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change 1.1 TITLE TITLE NAME SCAFA, IVO 1.2 NAME 2443 CLUBHOUSE CIR. #201 1.3 STREET ADDRESS STREET ADDRESS 3375 Yonge Avenue SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Sarasota, FL 34235 ☐ Change DELETE Addition 2 1 TITLE THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE Addition Change 3.1 T(T) F TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Addition ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY- \$1-7IP DELETE Change Addition TITLE 6.1 TILLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIE

I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or ceiver or trustee empo Ivo Scafa SIGNATURE: 01/28/97 941-383-8898

14. I do 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the page of the corporation of the receiver of the corporation of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name