## 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 # **H76764**

1. Corporation Name

Principal Place of Business	Mailing Address	
116 S. U.S. 1	116 S. U.S. 1	
VERO BEACH FL 32962	VERO BEACH FL 32962	
JS	US STOLL STOLL	

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

04-08-1999 90095 018 \*\*\*150.00

ACTIVE	FEET, INC.	•			
Principal Place	e of Business	Mailing Address		I (UNINITY NEW) CONTROL DESIGNATION OF DESIGNATION	DINIT Afütt dikit vinst aratt toet
116 S. U.S. 1		116 S. U.S. 1			
VERO BEACH F	EL 32962	VERO BEACH FL 32962		DO NOT WRITE IN THIS	S SPACE 1
US		US \			S SPACE "
	~			3. Date Incorporated or Qualifed	
		B. Mailing Address		10/01/1985 4. FEI Number	Applied For
2. Principal Pi	lace of Business	2a. Mailing Address	15 th PL	59-2576570	Not Applicable
21 7 d	<u> </u>	26 Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State	B	City & State		6. Election Campaign Financing	\$5.00-May Be
23 VER		28 VERO BO	EACH, FL	Trust Fund Contribution	Added to Fees
Zip 329	CO Country U.S	Zip 32960 3	Country 45	This corporation owes the current year in Personal Property Tax.	tangible ☐ Yes ☐ No
24 Ja 1	9. Name and Address of Current		0	10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name		
CAP	ECE, PETER P.			(D.O. O. All about Make Association)	
	11TH COURT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	O BEACH FL 32962		83		
					las Zi- C-da
			84 City	FI	85 Zip Code
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such channe was auti	honzed by the comparatio	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature require		ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature required	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature require  13.  1.1 TITLE	3,	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	3,	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL 405 11TH COURT	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	3,	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL 405 11TH COURT VERO BEACH FL	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	3,	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL 405 11TH COURT VERO BEACH FL D	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	3,	Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL 405 11TH COURT VERO BEACH FL D CAPECE, PHYLLIS ANN	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	3,	Change Addition
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL 405 11TH COURT VERO BEACH FL D CAPECE, PHYLLIS ANN	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	3,	Change Addition
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD CAPECE, PETER PAUL 405 11TH COURT VERO BEACH FL D CAPECE, PHYLLIS ANN 405 11TH COURT	and title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	3,	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Cha
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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 attentiment with an address, with all other like empowered.