PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J39966

Corporation Name

89 AV, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90052 013 ***150.00



Daineigal Mana	Di	N.4.	ailing Address				- I INNINIA MICO SPILA INSTA ININA PRISE DIST DIRE	414		311 61211 1221
Principal Place			J							
	RD ESTATES DR.		BI WATERFORD ESTATE							
NEW SMYRNA BEACH FL 32168 US		US	NEW SMYRNA BCH. FL 32168				DO NOT WRITE IN THIS SPACE			
		00	03				3. Date Incorporated or Qualifed			
							10/29/1986			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		App	olied For
21		26	•				59-2751074		Not	Applicable
Suite, Apt.	#. etc.	100,	Suite, Apt. #, etc.					\$8.	75 A	dditional
22	.,	27					5. Certifcate of Status Desired	F	ee Red	quired
City & State	e	1,	City & State		_		6. Election Campaign Financing	\$5	5.00	May Be
23	www.e.s.a.z.z	28	سنسبب ليداد دراديد				Trust Fund Contribution			Fees
Zip	Country	11	Zip	Сог	intry		8. This corporation owes the current year	ntangible	:	
24	25	29		30			Personal Property Tax.	₩Ye		□No
	9. Name and Address of Current		tered Agent	1::-1			10. Name and Address of New Registers	d Agent		
		F			81	Name				
GROOMS, LESTER E.					00	Change Add	rese (D.O. Bay Number is Not Acceptable)			
	WATERFORD ESTATES DR.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	SMYRNA BEACH FL 32168				83					
					84	City	F	85	Zip C	ode
			07.4500 Flasida Otatud	4 4			oration submits this statement for the purpose		na its i	registered
office or r	egistered agent, or both, in the State of	Floric	da. Such change was a	iutnorized	a by	tne corporation	on's board of directors. I hereby accept the app	ointment	as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of,	, Section 607.0505, Flo	rida Stat	lutes	•				
SIGNATURE							d when reinstating) DATE			
40	Signature, typed or printed name of registered agent			:: Registered		nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIR	FCTO	RS IN 12
12.	OFFICERS AND	DINE	DELETE	1.1 11			ADDITIONS/OFFAIGES TO OFFICE RO	C		Addition
TITLE	DPT		Decere	1.2 N				_	•	_
NAME	GROOMS, LESTER E.									
STREET ADDRESS	1981 WATERFORD ESTATES DE	í.				TADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL		C PCI CTC		ITY-S	T-ZIP	<u> </u>		nange	Addition
TITLE	DVS		☐ DELETE	2.1 Ti					iu. igc	
NAME	GROOMS, CAROL F.			1 2 2 41						
STREET ADDRESS				2.2 14	IAME					
	1981 WATERFORD ESTATES DE) .				T ADDRESS				
CITY-ST-ZIP		l.		2.3 S					· · ·	T A I Pale
CITY-ST-ZIP	1981 WATERFORD ESTATES DR	l.	DELETE	2.3 S	TREET				nange	Addition
	1981 WATERFORD ESTATES DR	l.	DELETE	2.3 S	TREET CITY-S TILE				nange	☐ Addition
TITLE	1981 WATERFORD ESTATES DR	l.	☐ DELETE	2.3 S 2.4 C 3.1 TI 3.2 N	TREET CITY-S TILE IAME				nange	Addition
TITLE	1981 WATERFORD ESTATES DE NEW SMYRNA BEACH FL].	☐ DELETE	2.3 S ² 2. 4 C 3.1 TI 3.2 N 3.3 S ²	TREET CITY-S TILE IAME	T ADDRESS	·	_ Cr	•	
NAME STREET ADDRESS	1981 WATERFORD ESTATES DE NEW SMYRNA BEACH FL	l.	☐ DELETE	2.3 S ² 2. 4 C 3.1 TI 3.2 N 3.3 S ²	TREET CITY-S TILE LAME STREET CITY-S	T ADDRESS			•	Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

Daytime Pho