PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J98881** 1. Corporation Name

R. PAVELLI DESIGNS, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90019 028 ***150.00



Principal Place	of Rusiness	Ma	Mailing Address				{				
873 E SEMORAN BLVD CASSELBERRY FL 32707		873	B73 E SEMORAN BLVD CASSELBERRY FL 32707				DO NOT WRITE IN THIS SPACE				
							3.	Date incorporated or Qualified 10/26/1987			
2. Principal Place of Business		2a.	2a. Mailing Address				4.	FEI Number		Applied For	
21		26				_		59-2864751		Not Applicable	
Suite, /\pt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country		Zip Country			8.	This corporation owes the current year	Intangible			
24	25	29		30			L	Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
HOLIOCHOL DED. DIOLLADD				8	1	Name				İ	
Householder, Richard 3:378 Hamlet Loop Winter Park FL 32792						Street Addre	ess (P.O. Bo:: Number is Not Acceptable)				
				8	4	City		F	L 85	Zip Code	
office or red	the provisions of Sections 607. gistered agent, or both, in the St familiar with, and accept the ob	ate of Florid	la. Such change was	authorized b	y tr	named corpo he corporation	ration n's bo	n submits this statement for the purpose pard of directors. I hereby accept the app	of changin jointment a	g its registered as registered	
SIGNATUF:E											
s	Ignature, typed or printed name of registered	agent and title i	f applicable. (NO	T ≝ Registered Ac	ent	signature required	when re	einstating) DATE			

ayent, i ai	If fairmar with, and accept the obligation	s of, decaon dor.osos, 1131	a otatales.			
SIGNATUF:E	Signature, typed or printed name of registered agent and	title if applicable (NOT =: F	tegistered Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	STRIEM, HENRY		1.2 NAME			
STREET ADDRESS	CALLE H NO. 11-58		1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA 3, R. OF PANAM		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETÉ	21 TITLE		☐ Change	☐ Addition
NAME	STRIEM, MARGARITA		2.2 NAME			ì
STREET ADDRESS	CALLE H NO. 11-58		23 STREET ADDRESS			
CITY-ST-ZIP	PANAMA O, R. OF PANAM		2 4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE		Change	Addition
NAME	HOUSEHOLDER, RICHARD		32 NAME			l
STREET ADDRESS	3378 HAMLET LOOP		3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or rufy that the information indicate 1 on this annual report or supplemental a invall 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 13 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: