04-02-1999 90073 012 \*\*\*150.00

## 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 # K40710 1. Corporation Name

HOUSEV	VATUR SERVICES, INC.				
Principal Plac	e of Business	Mailing Address		( EBBIBINI BIE BICII JBRILI LEBAL FIBIL BOIL ALBL	6 86811 31811 81811 91811 81811 81811 1881
2128 MARGARI		2128 MARGARITA DR.			
LADY LAKE FL 32159 LADY LAKE FL 32159					
		•		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
			1.1.1	10/24/1988	A - God For
— ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26		65-0109768	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	10	City & State		6. Election Campaign Financing	\$5,00 May Be
23	ac .	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 3	¬ .	Personal Property Tax.	☐ Yes 🕍 No
241	9. Name and Address of Curro		<u> </u>	10. Name and Address of New Registers	ed Agent
			81 Name		
DEM	IILIA, JOSEPH, A, JR		P3 Ctroot Add	ess (P.O. Box Number is Not Acceptable)	
2128 MARGARITA DRIVE			82 Street Addr	ess (F.O. Box Number is Not Acceptable)	
LADY LAKE FL 32159			83		•
	•				land 71 Onda
			84 City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	of changing its registered
l office or i	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was auti	horized by the corporation	on's board of directors. I hereby accept the app	pointment as registered
	7 7 1		Toseph A. De	M. L.A JI	1/99-
SIGNATURE	Signature typed of printed name of registered a	gent and title if applicable. (NOTE: R	egistered Agent signature required		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition (
NAME	SCARDUZIO, DIAMON		1.2 NAME		
STREET ADDRESS	2128 MARGARITA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCARDUZIO, JANE		2.2 NAME		
STREET ADDRESS	2128 MARGARITA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32159		2.4 CITY-ST-ZIP		
TITLE T		□ DELETE	3.1 TITLE	•	☐ Change · ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		E0 E1439
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	I		6.2 NAME		i

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE(

STREET ADDRESS

CITY-ST-ZIP