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

May 06, 1999 8:00 am Secretary of State

05-06-1999 90048 045 ***150.00

DOCUMENT	#	144918
Corporation Name		

BILVER, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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Principal Place of Business Mailing Address						i cabitân an athic biece ieren	((B\$1 (B)1 B)E()	41411 A1811 B101			
11400 STATE R	OAD 7	714 PRESIDENTI	AL DR				}				
BOYNTON BEAC		BOYNTON BEAC	H FL 33435-24	43 1			İ	DO NOT WE	N7E IN TUI	CCOACE	
us		U\$					<u> </u>	Do NOT WE Date Incorporated or Qualife		3 SPACE	
1							3.	•	J		
		-1						01/25/1990 FEI Number			Applied For
<u> </u>	ace of Business	2a. Mailing Add	ress				4.	65-0169612			Not Applicable
21		Suite, Apt. #	# oto					0070109012			Additional
Suite, Apt.	#, etc.	├- ¬ ' '	r, etc.				5.	Certifcate of Status Desired			Required
22 City & State		City & State					-	Election Compaign Financing		\$5.0	0 May Be
City & State	*	⊢ ′	•				6.	 Election Campaign Financing Trust Fund Contribution 	' D		d to Fees
Zip	Country	28	 _	Countr	·			This corporation owes the cu	ment year I		<u> </u>
<u>⊢</u> ¬ '	25	29	30	٦ .			6	Personal Property Tax.	,, o , oa	X Yes	□No
24	9. Name and Address of Current			'			10	Name and Address of New	Registere	d Agent	
<u> </u>	5. Harris and Madress of Carrent	1149		81	1 1	Name					
OSTI	er, J. Berle				1				4-1-1		
27 S	E 24TH AVE			82	2 8	Street Ad	ddress (I	P.O. Box Number is Not Accep	itable)		
SUIT				83	1						
POM	PANO BEACH FL 33062				L						
				84	i	City			F	85 Zi	ip Code
	to the provisions of Sections 607.0502	and 607 1600 Elec	rido Statutos	the abov	<u> </u>	amed co	omoratio	on submits this statement for th	e ouroose i	of changing	its registered
office or re	egistered agent or both in the State o	if Florida, Such chai	nae was auth	orized by	/ the	corpora	ation's b	oard of directors. I hereby acc	ept the app	ointment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607	.0505, Florida	a Statute:	s.						
SIGNATURE		d Male of the Mark I	(MOTE: De	gistered Age	nt oi	anat (FA FAC)	www.chan	reinstation\	DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: NO	13.	ark Si	griatore requ	daneo mien	ADDITIONS/CHANGES TO C		AND DIREC	TORS IN 12
12.	P		DELETE	1.1 TITLE				ABBITOTOTOTO TO C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chang	
1	JEBBIA, WILLIAM S.	۵.		1,2 NAME		ļ					
NAME	714 PRESIDENTAL DR.			1.3 STREE		noree					
STREET ADDRESS	BOYNTON BEACH FL			1.3 STREE							
CITY-ST-ZIP	S		DELETE	2.1 TITLE	5 (- 2)					Chang	e Addition
TITLE		ш.	DELLIL	2.2 NAME						_ `	_
NAME	JEBBIA, VERONICA			2.3 STREE							
STREET ADDRESS	714 PRESIDENTIAL DR					- 1					
CITY-ST-ZIP	BOYNTON BEACH FL		DELETE	2. 4 CITY- 3.1 TITLE	51-2	JP				[] Chang	ie [] Additio
TITLE		البا	DELLIE	3.7 TILLE							
NAME											
STREET ADDRESS				3.3 STREE		- 1					
CITY-ST-ZIP			DELETE	3.4. CITY-	ST-Z	IP _			·———·	Chang	je 🔲 Additio
TITLE		Ш	DELETE	4.1 TITLE						L) onally	,- <u> </u>
NAME				4. 2 NAME		1					
STREET ADDRESS			:	4.3 STREE	ET AC	ORESS					

CITY-ST-ZIP 14. I hereby 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 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE: X W LLU WAS A SIGNATURE S. JEBBIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

Addition