**PROFIT CORPORATION** ANNUAL REPORT 1999

CITY-ST-ZIP

SIGNATURE: \_



## FLORIDA DEPARTMENT OF STATE

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90036 017 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1 00011

1. Corporation	Neme LOSO 1									
STELLY-	HOVEN, INC.	•								
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Principal Place	e of Business	Malling Address				A INCINER AND THIS COLOR (SECT) INDI	N TON TOWN	MIC TIELL BIEDE (	hræts Arait (AA)	
4521 PGA BLVI		P.O. BOX 30211								
#201 PAIM BEACH GARDENS FL 3										
PALM BEACH GARDENS FL 33418 US						DO NOT WRITE IN THIS SPACE				
US						3. Date incorporated or Qualifed				١.
	<u> </u>	A - 10 - A - 1				07/25/1990 4. FEI Number		I Ar	plied For	1
	lace of Business	2a, Mailing Address				65-0211631		<u> </u>	t Applicable	1
21		Sulte, Apt. #, etc.						\$8.75		1
Suite, Apt.	#, etc.	27 27 27 27 27 27 27 27 27 27 27 27 27 2			<del></del>	_5 Certificate of Status Desired		Fee Re		<b></b>
- City & State	9	City & State				5, Election Campaign Financing		\$5.00	May Ba	[_ '
23	5	28				Trust Fund Contribution		Added		]
Zip	Country	Zip	Cour	itry		8. This corporation owes the curren	nt year Inte	angible		1
24	25	29 3	30			Personal Property Tax.		☐ Yes	□No	1
	9. Name and Address of Current					10. Name and Address of New Re	gistered A	Agent		Į
			ļ	81 Name						,
	R, S.A.		ŀ	82 Street	Addres	ss (P.O. Box Number is Not Acceptab	le)			1
	) PGA BLVD.									4
- <del>/G</del>				83 5	Ui-	te 305			_	(
PALI	M BEACH GARDENS FL 33410		ŀ	84 City				85 Zip (	Code	1
202	AL MADE OF		Į.	* ( * ·			<u>FL</u>	<del></del>		}
11. Pursuant office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State or maintain with, and accept the obligations.	and 607.1508, Florida Statutes of Florida. Such change was aut	s, the at thorized	ove-named by the como	corpor	ation aubmits this statement for the p is board of directors. I hereby accept	urpose of o the appoin	changing its itment as re	registered gistered	Ì
owner to	m familiar with and accondite childshi	ions of Section 607 0505. Florid	da Statu	ns.			1			1
	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	tes.		4/15	199	<del>.</del>		
agent. I a SIGNATURE	Signature, typed or printed name of regularies ago	And the H applicable. (NOTE: F		los. Igent algneture n		when reinstating)	DATE			18
	Signature, typed or printed name of repullment of OFFICERS AND	ond the if applicable. (NOTE: F	tegistered i	igent signature n		7/3	DATE	D DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of real time-order OFFICE'RS AND	And the H applicable. (NOTE: F	13.	igent signature n		when reinstating)	DATE			=
SIGNATURE	Signature, typed or printed name of real time-order OFFICE'RS AND DP TARR, S.A.	ond the if applicable. (NOTE: F	13. 1.1 TIII 1.2 NA	Gent signeture n		when reinstating)	DATE	D DIRECTO	RS IN 12	=
SIGNATURE 12. TITLE	Signature, typed or printed name of real times-order OFFICE'RS AND DP TARR, S.A. P.O. BOX 30211 N/A	O DIRECTORS	13. 1.1 T// 1.2 NA/ 1.3 STF	LE ME METADORESS		when reinstating)	DATE	D DIRECTO	RS IN 12	=
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6.4 CITY-ST-ZF

14. I hereby certify that the information supplied with this part these not quality 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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 REQUIRED

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