

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90078 015 ***150.00

0568143

DOCUMENT # M81342

1. Corporation Name

CARL ROBERGE ENTERPRISES, INC.

Principal Place of Business

4974 COURLAND LOOP
WINTER SPRINGS FL 32708

Mailing Address

4974 COURLAND LOOP
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1988

4. FEI Number

59-2370244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 8762 Pisa Dr

Suite, Apt. #, etc.

22 Apt 2-213

City & State

23 Orlando FL

Zip

24 32810

Country

25 USA

2a. Mailing Address

26 8762 Pisa Dr

Suite, Apt. #, etc.

27 Apt 2-213

City & State

28 Orlando FL

Zip

29 32810

Country

30 USA

9. Name and Address of Current Registered Agent

ROBERGE, CARL A.
4974 COURTLAND LOOP
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

Carl Roberge

82 Street Address (P.O. Box Number is Not Acceptable)

8762 Pisa Dr

83

Apt 2-213

84 City

Orlando

FL

85 Zip Code

32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME ROBERGE, CARL A.
STREET ADDRESS 4974 COURTLAND LOOP
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☒ DELETE

NAME ROBERGE, CARL A.
STREET ADDRESS 4974 COURTLAND LOOP
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME Roberge, CARL, A
1.3 STREET ADDRESS 8762 Pisa Dr Apt 2-212
1.4 CITY-ST-ZIP Orlando FL 32810

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Roberge, Carl A
2.3 STREET ADDRESS 8762 Pisa Dr Apt 2-212
2.4 CITY-ST-ZIP Orlando FL 32810

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (11/98)