## 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 # P93000028142

	HARGREAV				
	Principal Place of	Business	Mailing Address		
	P.O. BOX 1793 ORMOND BEACH F	L 32175	P.O. BOX 1793 ORMOND BEACH F	L 32175	
					-
	2. Principal Place of Business 21 Suite, Apt. #, etc. 22 - City & State		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		
: <u>.</u>					
	Zip	Country	Zip	Country	
	24	25 9. Name and Address of 0	29 Surrent Registered Agent	30	1
			•	81 Name	

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90005 002 \*\*\*150.00

1. Corporation	AVES, INC.					
Introduc	AVEO, INO				E NAMERIE DEM TOURS HERST BOOK AND THE STATE OF THE STATE	EULEDERA HARATERA
Principal Place	of Business	Mailing Address				
P.O. BOX 1793 ORMOND BEACI	H FL 32175	P.O. BOX 1793 ORMOND BEACH FL 3	32175			
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					04/14/1993	
2. Principal PI	ace of Business	2a. Mailing Address		•		Applied For
21		26			59-3218330	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			# Cortificate of Status Desired	5 Additional
22	•	27				Required
City & State		City & State				00 May Be ed to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
MADO	ODEANES IOUN B			81 Name		
	Greaves, John B Peninsula Winds Drive			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	OND BY THE SEA		83			
ORM	OND BEACH FL 32176					
				84 City	<b>FL</b>   "	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	Statutes, the	above-named co	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	its registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505	, Florida Sta	itutes.	tions board of directors. Thereby becope the appointment at	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE				,		
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature requ		TOPS IN 12
12.	OFFICERS AND	and title if applicable.  DIRECTORS	(NOTE: Registere	ed Agent signature requ	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR CONTROL CONT	
12.	OFFICERS AND	and title if applicable.	(NOTE: Registere 13	ed Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
12. TITLE NAME	P HARGREAVES, J. BRIAN	and title if applicable.  DIRECTORS	(NOTE: Registere	od Agent signature requ HTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
12. TITLE NAME STREET ADDRESS	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR.	and title if applicable.  DIRECTORS  DELET	(NOTE: Registere 13	nd Agent signature requirements HTLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 3217	and title if applicable.  DIRECTORS  DELET	(NOTE: Registere 13	od Agent signature requ HTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ge Addition
12. TITLE NAME STREET ADDRESS	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 3217	and title if applicable.  DIRECTORS  DELET	(NOTE: Registere 13	nd Agent signature requirements ITTLE VAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ge Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 3217	and title if applicable.  DIRECTORS  DELET	(NOTE: Registere  13 TE 1.11 1.21 1.33 1.44 TE 2.11	nd Agent signature requirements ITTLE VAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ge Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 3217 VP HARGREAVES, NICHOLAS P	and title if applicable.  D DIRECTORS  DELET	(NOTE: Registers  13 TE 1.11 1.21 1.33 1.44 TE 2.11 2.21	Ad Agent signature requirements HITLE VAME STREET ADDRESS CITY-ST-ZIP HITLE VAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Chan	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR.	and title if applicable.  D DIRECTORS  DELET	(NOTE: Registers  13 TE 1.11 1.22 1.33 1.44 2.21 2.21 2.33 2.4	Ad Agent signature requirements  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL	and title if applicable.  D DIRECTORS  DELET  6	(NOTE: Registers  13 TE 1.11 1.22 1.33 1.44 TE 2.11 2.21 2.33 2.4 TE 3.1	Ad Agent signature requirements  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  VAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Chan	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE	and title if applicable.  D DIRECTORS  DELET  6	(NOTE: Registers  13 15 1.11 1.21 1.35 1.44 16 2.21 2.33 2.4 16 3.11 3.21	Ad Agent signature requirements  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Chan	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title If applicable.  D DIRECTORS  DELET  6  DELET	(NOTE: Registers  13 15 1.11 1.21 1.35 1.44 16 2.21 2.33 2.4 16 3.11 3.21 3.34	Agent signature requirement of the street address city-st-zip title street address city-st-zip	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE	and title if applicable.  D DIRECTORS  DELET  6	(NOTE: Registers  13 12 1.11 1.22 1.33 1.44 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.	Agent signature requirement of Agent signature requirement of the Agent Street Address City-st-zip TITLE VAME STREET ADDRESS CITY-ST-ZiP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title If applicable.  D DIRECTORS  DELET  6  DELET	(NOTE: Registers   13   1.11   1.21   1.35   1.44   1.45	Agent signature requirements of Agent signature requirements of the Agent signature requirements of the Agent Street Address of the Agent Address of the Age	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title if applicable.  D DIRECTORS  DELET  6  DELET  DELET	(NOTE: Registers  13 TE 1.11 1.21 1.38 1.44 TE 2.17 2.33 2.4 TE 3.17 3.21 3.34 TE 4.17 4.2 4.33	Agent signature requirement of the street address city-st-zip title street address city-st-zip	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title If applicable.  D DIRECTORS  DELET  6  DELET	(NOTE: Registers  13 12 1.11 1.22 1.38 1.44 1.42 2.34 3.34 1.42 4.33 4.44 1.42 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.42 1.43 1.44 1.44 1.44 1.44 1.44 1.44 1.44	Agent signature requirements of Agent signature requirements of the Agent signature requirements of the Agent Street Address of the Agent Address of the Age	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title if applicable.  D DIRECTORS  DELET  6  DELET  DELET	(NOTE: Registers  13 12 1.11 1.22 1.38 1.44 17 2.31 2.4 17 3.21 3.33 3.4 17 4.2 4.33 4.44 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Agent signature requirement of the control of the c	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title if applicable.  D DIRECTORS  DELET  6  DELET  DELET	(NOTE: Registers  13 1	Agent signature requirements of Agent signature requirements of the Agent signature requirements of the Agent Street Address of the Agent Stre	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title if applicable.  D DIRECTORS  DELET  6  DELET  DELET	(NOTE: Registers  13 13 12 1.3 1.4 16 12 23 24 17 3.2 3.3 34 17 4.2 4.3 44 17 17 5.2 5.3 5.4	Agent signature requirement of the control of the c	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ge Addition  ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P HARGREAVES, J. BRIAN 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 VP HARGREAVES, NICHOLAS P 108 PENINSULA WINDS DR. ORMOND BY THE SEA FL 32170 S HARGREAVES, CAROL 108 PENINSULA WINDS DRIVE ORMOND BY SEA FL 32176	and title if applicable.  D DIRECTORS  DELET  6  DELET  DELET	(NOTE: Registers  13 12 1.11 1.22 1.33 1.44 1E 2.11 2.33 2.4 1FE 3.11 4.2 4.33 4.4 1FE 5.1 5.21 5.34 5.44 1FE 5.1 6.1	Agent signature requirements of Agent signature requirements of the Agent signature requirements of the Agent Street Address of the Agent Street Address of the Agent Address of the Ad	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Chan	ge Addition  ge Addition  ge Addition  ge Addition

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 suppliemental 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 of 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 charged; or on an attachment with adjaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: