

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 01, 1999 8:00 am  
Secretary of State

09-01-1999 90012 035 \*\*\*550.00

DOCUMENT # P93000049351

1. Corporation Name  
6671 WEST INDIANTOWN ROAD, INC.

Principal Place of Business  
6671 W. INDIANTOWN RD.  
SUITE 62  
JUPITER FL 33458  
US

Mailing Address  
612 N. ORANGE AVE  
SUITE D-5  
JUPITER FL 33458  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

4. FEI Number

65-0420504

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.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26 6671 W. Indiantown Rd.

Suite, Apt. #, etc.

27 Suite 62

City & State

City & State

28 Jupiter FL

Zip

Country

Zip

Country

25

29 33458

30

U.S.

9. Name and Address of Current Registered Agent

CIOFFI, MICHAEL J  
612 N. ORANGE AVE  
SUITE D-5  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name CIOFFI, Michael J.

82 Street Address (P.O. Box Number is Not Acceptable)  
6671 W. Indiantown Rd. Suite 62

83

84 City Jupiter

FL

85 Zip Code 33458

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 VP ☐ DELETE

NAME VEGLIA, ROBERT C  
STREET ADDRESS 612 N. ORANGE AVE, SUITE D-5  
CITY-ST-ZIP JUPITER FL 33458

TITLE P ☐ DELETE

NAME CIOFFI, MICHAEL J.  
STREET ADDRESS 612 N. ORANGE AVE SUITE D-5  
CITY-ST-ZIP JUPITER FL 33458

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 VP ☒ Change ☐ Addition

1.2 NAME VEGLIA, Robert C.  
1.3 STREET ADDRESS 6671 W. Indiantown Rd Suite 62  
1.4 CITY-ST-ZIP Jupiter FL 33458

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME Cioffi, Michael J.  
2.3 STREET ADDRESS 6671 W. Indiantown Rd Suite 62  
2.4 CITY-ST-ZIP Jupiter FL 33458

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.

SIGNATURE:

SIGNATURE REQUIRED PRESIDENT

8/30/99 561.575 6818

CR2E034 (5/99)