PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400002107

CARL F. SALVO, INC.

					- I (381)021 (38 1031) 40(3) 40(3) 40(4) 40(4) 40(4) 46(4) 46(4) 46(4)				
Principal Place of Business Mailing Address									
1412 RUPP LANE 4336 FOREST HILL BLVD								•	
LAKE WORTH FL 33460		SUITE 169				20 1107 117017	C ALTUC	ODACE	
		WEST PALM BEACH FL	WEST PALM BEACH FL 33406			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			•
						01/10/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	-			4. FE) Number			Applied For
21		26				65-0467713			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- Contifered of Status Desired			Additional
22		27 PO BOX	6757	,		5. Certifcate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing		\$5.00	0 мау Ве
23	~	28 WEST PALL	n BU	LH KL		Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent vear int	angible	
 -		7211-		KU BKA	LH	Personal Property Tax.		Yes	□No
24	25	29 77407	30 77	770000		10. Name and Address of New R			
9. Name and Address of Current Registered Agent 81 Name						IV. Maille alla Audicas Of New N	-B1010100		
						·			
SALVO, CARL F				82 Street	Addre	ss (P.O. Box Number is Not Accepta	ble)	057/	
	FOREST HILL BLVD			25/2	<u>B</u> (PAUTER BURY DIVID	E NO	RTH	
	Œ 169			83					
WEST PALM BEACH FL 33406					City 0 85 Zip Code				
				84 City	KT I	PALM BRACK	FL	80 23	V07
	to the provisions of Sections 607.0502	and 607 1509 Florida Sta	stutes the a	hove named	COLLO	ration submits this statement for the	nurnose of	changing i	ts registered
office or a	egistered agent, or both, in the State of	f Florida. Such change wa	s authorized	by the corp	oration	's board of directors. I hereby accep	t the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505,	Florida Stat	utes.				* 15. ****	
SIGNATURE							<u> </u>		
	Signature, typed or printed name of registered agent			Agent signature	required	when reinstating)	DATE		
12	OFFICERS AND		13.		_	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 T	TLE .	1			Change	e [] Addition
NAME	SALVO, CARL F		1.2 N	WE	SA	LYD, CARL F	1/20	~~/	
STREET ADDRESS	4336 FOREST HILL BLVD SUITE	169	1.3 S	REET ADDRESS	25	18 CANTERBORY DR	NOK	/// - =	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		140	TY-ST-ZIP	110	LYD, CARL F IB CAHTELBURY DR EST PALM BLALH, FL	3346	27	
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CITY-ST-ZIP	}		4.4 C	TY-\$T-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TI	TLE				Change	e
NAME	1		5.2 N	AME.	1				

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 financial 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 region 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 application with an additional property of the corporation of

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Addition

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90120 005 ***150.00