## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000015220 (4)

R.L. VAN METER ENTERPRISES, INC.

Principal Piac	e of Business	C/O JULIETTE'S GIFTS				1				
C/O JULIETTE'	\$ GIFTS									
1038 A-1-A		1038 A-1-A								
SATELLITE BEA	ICH FL 32837	SATELLITE BEACH FL	32837-2348	y		<u> </u>		12.5		······
							<ul> <li>Date Incorporated or Qualified 02/21/1994</li> </ul>		Date of Last R <b>/01/1996</b>	eport
2. Principal P	lace of Business	2a. Mailing Address				<b></b>	. FEI Number			oplied For
21		26					59-3232302		<del></del>	ot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.							Additional	
22		27				5.	. Certificate of Status Desired			equired
City & State	6	City & State			6	. Election Campaign Financing		\$5.00	May Be	
23		28			•	Trust Fund Contribution			to Fees	
Žip	Country Zip Co			ountry		8.	. This corporation has liability fo	r intangibl	e tax under s	. 199.032,
24	25 29 30			Florida Statutes X Yes No						•
Name and Address of Current Registered Agent				10. Name and Address of New Registe				egistered	Agent	
VAN METER, RONALD L				81	Name					
C/0	JULIETTE'S GIFTS		82 Street Ad			ddress (I	P.O. Box Number is Not Accepta	ble)		****
1038	3 A-1-A	02 3			Oil Oil A	GG1 033 (1	1.0. Box Number is 140t Accopts		4	'
SATI	ELLITE BEACH FL 32937						TAMES TO SERVICE STATE OF THE			
1				84	City	· <del>,</del>			<b>85</b> Zio	Code
44 Duranget	to the experience of Sections 607 040	and CO7 1600 Florida No	alutos the		nomod c		on a shorts this statement for the	DUIT DOOD	ef abanging i	to registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change wa	as authori	ized by	the corpo	oration's	board of directors. I hereby according	ept the ap	pointment as	registered
agent La	m familiar with, and accept the obliga	itions of, Section 607.0505,	, Florida S	statutes						
SIGNATURE	Signature, typed or printed name of registered age	and the description of the second	NAME OF THE OWNER					DATE		
12.	OFFICERS AND				nt signature :	·	ADDITIONS/CHANGES TO OFF		ID DIRECTOR	9S IN 12
TOLE	D	DELETE		1 TITLE	T		ADDITIONS/OFFATGED TO OFF	02.10 7.11	Change	Addition
NAME	VAN METER, RONALD L			2 NAME						
STREET ADDRESS	C/O 1038 A-1-A				ADDRESS					
Cliv S1-712	SATELLITE BEACH FL 32937		- 1	4 CITY-S	1					
lilut		DELETE	~	1 TITLE	1-71				Change	Addition
MAME		, waren		2 NAME	}					band
STREET ADDRESS					ADDRESS					
								ς.	•	
CITY-ST-ZIP	DELETE			2.4 CITY-ST-ZIP 3.1 TITLE		<del></del>	<u> </u>		Change	Addition
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STEEFT ADDRESS					ADDRESS					
1 .					- 1					
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					Interton					
STREET ADDRESS					ADORESS					
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ł		☐ DECEIE			}				L. CHARDE	FTT MODITION
NAME				2 NAME						
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CHY-ST ZIP		□ Beleve		.4 CITY - S	T-ZIP	<del></del> :			I Observe	1 1 1 1 2 2
TIDLE		DELETE		.1 TITLE					Change	Addition
NAME				2 NAME						
STREET ADDRESS	,		6	3 STREET	ADDRESS					

64 CITY-ST-ZIP

14. I do 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

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

407-713-6968

**FILED** 

Apr 11 1997 8:00am

Secretary of State

Phone #