**FILED** 

Feb 19, 1999 8:00 am Secretary of State

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## 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 # P94000021388 1. Corporation Name

NAVCO ENTERPRISES, INC.

						]			
Principal Place of Business Mailing Addre								(0 (188) (1880 )))	181 18181 1811 1881
6865 SW 18TH	I ST	6865 SW 18TH ST					· *		
#10 BOCA RATON	FI 33433	#10 BOCA RATON FL 33433	24TON EL 22422				DO NOT WRITE IN TH	IC CDACE	
US US							Date Incorporated or Qualifed	13 SFACE	
						3.	03/17/1994		
2. Principal F	Place of Business	2a. Mailing Address				4.	FEI Number		Applied For
21		26				"	65-0476767	·	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			17				Additional
22		27	27			5.	Certifcate of Status Desired		Required
City & Star	te	City & State				6.	Election Campaign Financing	\$5.0	0 May Be
23		28					Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	ry		8.	This corporation owes the current year I	ntangible	
24	25	29	30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New Registere	d Agent	
MAV	ILIO DANIEI		8	1	Name				
NAVILIO, DANIEL 6865 SW 18TH ST #10				2	Street Addres	ss (P	O. Box Number is Not Acceptable)		
						(			
BOCA RATON FL 33433			8	3					
			8	4	City			. 85 Zip	Code
·					•		n submits this statement for the purpose of	L. J. J.	z: 4. 1125 .
office of r agent. I a SIGNATURE	egistered agent, or both, in the Stat m farniliar with, and accept the oblig Signature, typed or printed name of registered at	gations of, Section 607.0505, Fl	lorida Statute	98.	he corporation		ard of directors. I hereby accept the app	ointment as t	egistered .
12.		AND DIRECTORS	13.	in in the	signature required w		einstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	
TITLE	D	☐ DELETE	1.1 TITLE				ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME :	MALEIA BALUE			1.2 NAME				onongo	,
STREET ADDRESS	6865 SW 18TH ST #10				ADDRESS				ļ
CITY-ST-ZIP	BOCA RATON FL		1.4 CiTY-						}
TITLE	D	☐ DELETE	2.1 TITLE		ZIP			☐ Change	Addition
NAME	NAVILIO, FRANK		2.2 NAME					Onlange	Addition
STREET ADDRESS	6865 SW 18TH ST #10		2.3 STRE		nnpess				
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY						
TITLE	D	<b>■</b> DELETE	3.1 TITLE		<u> </u>		WAS COLUMN TO THE COLUMN TO TH	☐ Change	Addition
NAME	NAVILIO, MICHAEL	<b>—</b> · · · · · · · · · · · · · · · · · · ·	3.2 NAME						
STREET ADDRESS	6865 SW 18TH ST #10		3.3 STREE		nnpess			, <del>-</del>	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-		1				
TITLE		☐ DELETE	4.1 TITLE		ZIF			☐ Change	e
NAME		<u> </u>	4. 2 NAME				,	90	
STREET ADDRESS			4.3 STREE		nobess				
CITY-ST-ZIP					Í				
TITLE		☐ DELETE	4.4 C/TY-1	31-2	TIL			☐ Change	Addition
NAME		_ 5===16	5.1 INCE				•	Li Mange	
STREET ADDRESS			53 STREE		DORESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Daytime Phone #

Addition

Change