


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90022 036 \*\*\*150.00

|  |   |   |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000043117**

1. Corporation Name

**BILMAR ENTERPRISES, INC.**

Principal Place of Business

155 SEVERINO DRIVE  
ISLAMORADA FL 33036

Mailing Address

155 SEVERINO DRIVE  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

65-0562486

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No2. Principal Place of Business  
21. P O BOX 3692a. Mailing Address  
26. P O BOX 369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23. LAKE PLACID, FL

City &amp; State

28. LAKE PLACID, FL

Zip Country

24. 33862 USA

Zip Country

29. 33862 USA

9. Name and Address of Current Registered Agent

SNYDER, MARLENE  
155 SEVERINO DRIVE  
ISLAMORADA FL 330361900 SW 57 Ave  
Suite 2  
Miami, FL  
33155

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. ~~P O BOX 369~~ 1900 SW 57 Ave

84. City LAKE PLACID MIAMI FL

85. Zip Code 33155

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 ☐ DELETE

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | SNYDER, MARLENE     |
| STREET ADDRESS | 155 SEVERINO DRIVE  |
| CITY-ST-ZIP    | ISLAMORADA FL 33036 |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 941 699 2665

Date

Daytime Phone #

CR2E034 (1/1/98)