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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000058366**

CVIT, INC.

P.O. BOX 6659 ENGLEWODD CO 80155-6659 Solite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Solite, Cou	Principal Place of Business Mailing Address						- * 10631001 166 10311 01411 68111 06311	OBIIK PRIOV I	ANDI I dias IIXI a		
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DO NOT WITE IN THIS SPACE 3. Date Incorporated or Qualified 08(08):494-494 2. Principal Place of Business 22. Mailing Address 23. Suita, Apt. 8, etc. 24. Suita, Apt. 8, etc. 25. Suita, Apt. 8, etc. 26. Suita, Apt. 8, etc. 27. Suita, Apt. 8, etc. 28. Suita, Apt. 8, etc. 29. Suita, Apt. 8, etc. 20. Suita, Apt. 8, etc. 20. Suita, Apt. 8, etc. 20. Suita, Apt. 8, etc. 21. Suita, Apt. 8, etc. 21. Suita, Apt. 8, etc. 22. Suita, Apt. 8, etc. 23. Country 24. State 26. Selection Campaign Financing S.5.00 May Be recognited to Fee Required 28. Taylor London Companies Froperty Tax. 29. Country 20. Suita State 20. Country 20. Suita State 20. Country 20. Suita State 21. Suita State 22. Suita Apt. 8, etc. 29. Country 20. Suita Apt. 8, etc. 21. Suita Apt. 8, etc. 21. Suita Apt. 8, etc. 21. Suita Apt. 8, etc. 22. Suita Apt. 8, etc. 23. Country 24. Suita State 26. Selection Campaign Financing S.5.00 May Be Added to Fees		# -		,							
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Suite, Apt. #, etc. 27 27 28 28 29 29 20 City & State 27 Country 29 20 215 29 29 30 30 30 30 30 30 30 30 30 30 30 30 30	2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
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Zip Country Zip Country S. This corporation was the current year Intangable Personal Property Tax Yes Zip	22		_+				The destriction of Galley Beauty		Fee Re	quired	
Zip Country Zip Country Zip Country Ethic Country Street Address of Current Registered Agent Street Address of Current Registered Agent Street Address of New Registered Agent Stre	— ·	te	⊢ ′					П			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (1502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or printed name of registered agent and their applicable. MOTE Registered Agent signature registered where recissions. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OBLETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. TREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OBLETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. TREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OBLETE 13. TREET ADDRESS 14. TITLE 12. NAME 13. STREET ADDRESS 14. TITLE 12. NAME 14. TITLE 12. NAME 14. TITLE 12. NAME 14. TITLE	23						Trust Fund Contribution		Added t	to Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Signature registered agent, or both, in the State of Florida, Such change was authorized agent, or both, in the State of Florida, Such change was authorized agent, or both, in the State of Florida, Such change was authorized agent, a milliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, Speed or privide name of registered agent and state if applications of the State in Corporation's board of directors. I hereby accept the epipoiment as registered agent and state in agent agent and state in agent agent and state in agent	─ ┐ `			_	у		,	nt year Inta	<u>~</u>	(12)	
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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)(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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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CITY-ST-ZIP

STREET ADDRESS

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NAME

NY NY

KARAS, MARK

160 INVERNESS DRIVE WEST

ENGLEWOOD CO 80112

☐ DELETE

MH NY NY

☐ Change

☐ Addition

FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90076 009 ***150.00

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