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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P94000059712 (7)

Principal Place of Business	Mailing Address			
645 N.W. 102ND AVENUE	645 N.W. 102ND AVENU			
CORAL SPRINGS FL 33071	CORAL SPRINGS FL 33071			

## **FILED** Feb 20 1998 8:00am Secretary of State

CREA	TIONS BY VIRGIL INC.							
Principal Place of Business Mailing Address						I INDIANA ILA LAKE BINI ABIRI ABIRI ABIRI A	INGR. Beite eben imba	1 11010 1101 1001
645 N.W. 102ND AVENUE 645 N.W. 102ND AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071				DO NOT WRITE IN T	THIS SPACE			
					F	3. Date Incorporated or Qualified		
						08/12/1994		
2, Principal F	Place of Business	2a. Mailing Address				4. FEI Number	I A	pplied For
21		26				65-0527066	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional	
27					5. Certificate of Status Desired	Fee F	lequired	
City & State City & State					6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	•		8. This corporation owes or has paid th		
24	25	29 30	0			Personal Property Tax due June 30.	<u>,                                    </u>	_  No
	9. Name and Address of Current	Hegistered Agent	81	Name		10. Name and Address of New Registe	ered Agent	
	OTOK, JEFFREY		*'	Name				
	45 N.W. 102ND AVENUE		82	Street A	Addres	s (P.O. Box Number is Not Acceptable)		
C	ORAL SPRINGS FL 33071		83			<u>.</u>		
			63					
			84	City			<b>85</b> Zip	Code
		( 007 1500 F) 1					FL   S   Z   P	:
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida <b>Sta</b> tutes, of Florida. Such change was aut	, the above horized by	e-named o the corp	corpora	ation submits this statement for the purpor's board of directors. I hereby accept the	ose of changing e appointment a	ns registered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes	3		s board of directors. I hereby accept the		·
SIGNATURE							ATE	
40	Signature, typed or printed name of registered agent OFFICERS AND		tegistered Age	ent signature r	required t	when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	D OFFICERS AND	DELETE	1.1 TITLE			ADDITIONS/OFFAIGLE TO OFFICE IS	Change	Addition
NAME	POTOK, JEFFREY	<u></u>	1.2 NAME					
STREET ADDRESS	645 N.W. 102ND AVENUE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S					!
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME		_	2.2 NAME				_	
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CfTY-S					
TETLE		DELETE	3.1 TITLE	-			☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY - ST - ZIP			3.4. CITY - 9	ST-ZIP				
TITLE		DELETE	4.1 TITLE			1. 1	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		DELE <b>TE</b>	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELE <b>TE</b>	6.1 TITLE	T			☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address.

726-704**5**