

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90009 023 ***150.00

DOCUMENT # P94000075127

1. Corporation Name
ATIVON, INC.

Principal Place of Business
2639 CRANBROOK COURT
BOYNTON BEACH FL 33436
US

Mailing Address
2639 CRANBROOK COURT
BOYNTON BEACH FL 33436
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1994

4. FEI Number
65-0524630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2641 CRANBROOK CT
Suite, Apt. #, etc.

22 BOYNTON BEACH
City & State

23 FL
Zip

24 33436
Country

25 US

2a. Mailing Address

26 2641 CRANBROOK CT
Suite, Apt. #, etc.

27 BOYNTON BEACH
City & State

28 FL
Zip

29 33436
Country

30 US

9. Name and Address of Current Registered Agent

NOVITA, BERNARD F.
2641 2639 CRANBROOK CT.
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name
BERNARD F. NOVITA

82 Street Address (P.O. Box Number is Not Acceptable)
2641 CRANBROOK CT

83

84 City
BOYNTON BEACH

85 Zip Code
FL 33436

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]
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NOVITA, BERNARD
2668 SW 23RD CRANBROOK DRIVE
BOYNTON BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NOVITA, BERNARD
2641 CRANBROOK CT.
BOYNTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

PLEASE ONLY CHANGE
JUST - # TO 2641

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

ALL ELSE REMAINS
THE SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3rd to Pres.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
2641 SW 23RD CRANBROOK CT

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: BERNARD F. NOVITA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/98 (561)
738-6677

CR2E034 (11/98)