## 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 # P94000079765 1. Corporation Name

DAVID ONSTAD, INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90133 047 \*\*\*150.00



Principal Place of Business	Mailing Address					
395 BEVERLY COURT MELBOURNE BEACH FL 32951 US	395 BEVERLY COURT MELBOURNE BEACH FL 32951 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
			10/28/1994 4. FEI Number	Applied For		
2. Principal Place of Business	2a. Mailing Address	_, , ,				
21	26)		65-0545549	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Cou	untry	This corporation owes the current year In Personal Property Tax.	tangible □ Yes <b>X</b> No		
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent		
ONSTAD, DAVID 395 BEVERLY COURT MELBOURNE BEACH FL 32951		81 Name 82 Street Addres 83	ess (P.O. Box Number is Not Acceptable)	85 Zip Code		
44 Discuss to the equipies of Sections 607.050	2 and 607 1508 Florida Statutes the		FL	<u> </u>		

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

SIGNATURE   Signature, typed or printed name of registatered agent and little if applicable.   NOTE: Re-patiented Agent signature required when reinstating)   DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
12.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
NAME   ONSTAD, DAVID   12 NAME   13 STREET ADDRESS   CTYST-ZIP   MELBOURNE BEACH FL 32951   14 CTYST-ZIP   TITLE   Change   Addition   Ad				ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTOR					
STREET ADDRESS   SPENDER BEACH FL 32951   1.4 CITY. ST. ZIP	TITLE	D DELETE	1.1 TITLE			Change	☐ Addition				
STREET ADDRESS   SPENDER BEACH FL 32951   1.4 CITY. ST. ZIP	NAME	ONSTAD. DAVID	1.2 NAME								
Addition   Change   Change	STREET ADDRESS		1.3 STREET ADDRESS								
TITLE	CITY-ST-ZIP		1.4 CITY-ST-ZIP								
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP   3.1 TITLE   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.5 STREET ADDRESS   3.5 STREET AD			2.1 TITLE			Change	☐ Addition				
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STREET ADDRESS   STRE	NAME		3.2 NAME								
NAME	STREET ADDRESS		3.3 STREET ADDRESS								
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY- ST- ZIP         4.4 CITY- ST- ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         CITY- ST- ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CHANGE         CHANGE         Addition	CITY-ST-ZIP		3.4. CITY-ST-ZIP								
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NAME	CITY-ST-ZIP		4.4 CITY-ST-ZIP								
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54 CITY-ST-ZIP   54 CITY-ST-ZIP   54 CITY-ST-ZIP	NAME		5.2 NAME								
### DELETE   6.1 TITLE	STREET ADDRESS	•	5.3 STREET ADDRESS								
NAME 62 NAME	CITY-ST-ZIP		5.4 CITY-ST-ZIP								
NAME 62 NAME		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition				
			6.2 NAME								
			6.3 STREET ADDRESS								
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 15 Control of the Advanced to Section 119 (07/3)/i) Florida Statutes I further certify that the information	CITY+ST-ZIP										

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 an attachment with an address, with all other like empowered.