SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0072760

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90045 043 ***150.00

DOCUMENT # P95000001532

1. Corporation Name

VIA CLEMATIS, INC.

597077 - 90004 - 14

Principal Place of Business	Mailing Address
535 CLEMATIS ST WEST PALM BEACH FL 33401 US	4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1995

2. Principal Place of Business
[21] 535 Clematis Street
Suite, Apt. #, etc.
[22] Not Applicable
City & State
[23] West Palm Bch, FL
Zip [24] 33401 Country [25] USA

2a. Mailing Address
[26] 518 Banyan Blvd
Suite, Apt. #, etc.
[27]
City & State
[28] West Palm Bch, FL
Zip [29] 33401 Country [30] USA

4. FEI Number 65-0562633 | 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
C/O COMPLETE PROPERTY
4239 NORTH LAKE BLVD, SUITE D
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

[81] Name Lawrence Corning
[82] Street Address (P.O. Box Number is Not Acceptable)
[83] 518 Banyan Blvd
[84] City West Palm Beach FL [85] Zip Code 33401

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 _Lawrence Corning_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 7/15/99

CR2E034 (5/99)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME CROSSEN, JOSEPH F STREET ADDRESS 4239 NORTHLAKE BLVD STE D CITY-ST-ZIP PALM BEACH GARDENS FL 33410	☒ DELETE	1.1 TITLE DP 1.2 NAME Lawrence Corning 1.3 STREET ADDRESS 518 Banyan Blvd 1.4 CITY-ST-ZIP West Palm Bch, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _Lawrence Corning_   7/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #