

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 # P95000034114

1. Corporation Name
CFV PRODUCTS, INC.

Principal Place of Business
3710 NE 25TH AVE
LIGHTHOUSE POINT FL 33064
US

Mailing Address
3710 NE 25 AVE
LIGHTHOUSE POINT FL 33064
US

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90113 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/27/1995

4. FEI Number
65-0579490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUTTER, C CHRISTIAN
2900 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306

MATTHEW E. MORRALL
PENTHOUSE WEST
2455 E. SUNRISE BLVD.
FT. LAUDERDALE
FL 33304

81 Name

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

83 2455 E. SUNRISE BLVD.

84 City

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NEWTON, JOHN R
3710 NE 25TH AVE
LIGHTHOUSE FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NEWTON, MICHAEL
2930 MEDINAH
WESTON FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CALLAHAN, GILLIAN
62 WALNUT ST
WELLESLEY MA 02181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE JOHN R. NEWTON

13 MAR 99 9544808444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #