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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT # P95000036102 (8)

4368 NORTHLAKE BOULEVARD, INC.

Principal Place of Business Mailing Address 4368 NORTHLAKE BLVD. 4368 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

## **FILED** Jan 28 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0573059 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VEGLIA, ROBERT 81 5716 GOLDEN EAGLE CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH GARDENS FL 33418 83 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition VEGLIA, ROBERT NAME 1.2 NAME 5716 GOLDEN EAGLE CIRCLE STREET ADORESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition CIEFFI, MICHAEL NAME 2.2 NAME 16200 MELLEN LN STREET ADDRESS 2.3 STREET ADDRESS JUPITER FARMS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition VEGLIA, ROBERT NAME 3.2 NAME 5716 GOLDEN EAGLE CIR STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH GARDENS FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE **5.1 TITLE** Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034