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Secretary of State

03-01-1999 90169 007 ***150.00

CG45008

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000062977

1. Corporation Name
STEVE VARGA ENTERPRISES, INC.



Principal Place of Business
9359 LONG MEADOW CIRCLE
BOYNTON BEACH FL 33436
 US

Mailing Address
9359 LONG MEADOW CIRCLE
BOYNTON BEACH FL 33436
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **660 North Road**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **660 North Road**
 Suite, Apt. #, etc.

22
 27

23 **Boynton Beach FL**
 City & State
 Zip Country
 24 **33435** 25 **USA**
 29 **33435** 30 **USA**

3. Date Incorporated or Qualified
08/14/1995

4. FEI Number
65-0605997 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

9. Name and Address of Current Registered Agent
VARGA, FERENC S
1117 MANGO DRIVE
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent
 81 Name **Varga Ferenc S**
 82 Street Address (P.O. Box Number is Not Acceptable)
660 North Road
 83
 84 City **Boynton Bch** FL 85 Zip Code
33435

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]* (President) DATE **2-8-99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VARGA, FERENC S	
STREET ADDRESS	9359 LONG MEADOW CIR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VARGA Ferenc S	
1.3 STREET ADDRESS	660 NORTH ROAD	
1.4 CITY-ST-ZIP	Boynton Bch FL 33435	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* (President) DATE **1-11-99** Daytime Phone # **561-704-0073**

CR2E034 (11/98)