

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 011 ***150.00

DOCUMENT # P95000068312

1. Corporation Name
OLDE WORLD ENTERPRISES, INC.



Principal Place of Business
~~12730 SOUTH WEST SUZY AVENUE~~
~~ARCADIA FL 34266~~
1007 N. BarField Dr.
Unit J-306
Marco Island, FL 34145

Mailing Address
~~12730 SOUTH WEST SUZY AVENUE~~
~~ARCADIA FL 34266~~
1007 N. BarField Dr.
Unit J-306
Marco Island, FL 34145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1007 N. BarField Dr.
Suite, Apt. #, etc.
22 Unit J-306
City & State
23 Marco Island, FL
Zip
24 34145
County
25 USA

2a. Mailing Address
26 1007 N. BarField Dr.
Suite, Apt. #, etc.
27 Unit J-306
City & State
28 Marco Island, FL
Zip
29 34145
County
30 USA

3. Date Incorporated or Qualified
08/31/1995
4. FEI Number
65-0612472
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name John J. Panagos
82 Street Address (P.O. Box Number is Not Acceptable)
1007 N. BarField Dr., Unit J-306
83
84 City Marco Island FL 85 Zip Code 34145

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	PANAGOS, JOHN J	12730 SOUTH WEST SUZY AVENUE	ARCADIA FL 34266	<input type="checkbox"/>
D	PANAGOS, LORRAINE F	12730 SOUTH WEST SUZY AVENUE	ARCADIA FL 34266	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

1-800-847-8453

Daytime Phone #

CR2E034 (11/98)

0484048