

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90135 020 \*\*\*150.00

DOCUMENT # **P95000082659**

1. Corporation Name  
**WARLAV CORPORATION**



Principal Place of Business  
**RIVIERA BEACH, FL  
APT #2  
RIVIERA BEACH FL 33404**

Mailing Address  
**101 10TH STREET  
LAKE PARK FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0636063**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City &amp; State

City &amp; State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FORT LAUDERDALE FL 33311**

81 Name

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

83

84 City

**FL**

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 ☐ DELETE11 TITLE ☐ Change ☐ AdditionNAME **D TWIGGS, EDWARD W**

12 NAME

STREET ADDRESS **951 WEST 37TH STREET**

13 STREET ADDRESS

CITY-ST-ZIP **RIVIERA BEACH FL 33404**

14 CITY-ST-ZIP

TITLE ☐ DELETE21 TITLE ☐ Change ☐ AdditionNAME **D TWIGGS, EUNICE P**

22 NAME

STREET ADDRESS **951 WEST 37TH STREET**

23 STREET ADDRESS

CITY-ST-ZIP **RIVIERA BEACH FL 33404**

24 CITY-ST-ZIP

TITLE ☐ DELETE31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

3/29/99

(561) 842-4663