

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **P95000094965 (7)**

1. Corporation Name

EXECUTIVE LIMITED, INC.



Principal Place of Business

1105 SW ACKARD AVE
PORT ST LUCIE FL 34953
US

2242 SW IMPACT
PORT ST LUCIE FL
34953

Mailing Address

P O BOX 1529
STUART FL 34995
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

65-0629183

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2242 SW IMPACT

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Port Saint Lucie

24 Zip

34953

25 Country

SL

27 City & State

28 Zip

34995

30 Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLIER, KEVIN M
5732 WINDSONG LANE, #317
STUART FL 34997

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

TITLE D ☐ DELETE

NAME Klier, Kevin M
STREET ADDRESS 5732 WINDSONG LANE, #317
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ DELETE

NAME BOMMARITO, JOHN P
STREET ADDRESS 1105 S.W. ACKAD AVE.
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President of Treasurer ☐ Change ☐ Addition

1.2 NAME Kevin Klier

1.3 STREET ADDRESS 5732 WINDSONG LANE # 317

1.4 CITY-ST-ZIP STUART FL 34997

2.1 TITLE John Bommarito ☐ Change ☐ Addition

2.2 NAME Secretary

2.3 STREET ADDRESS 2242 SW IMPACT

2.4 CITY-ST-ZIP PORT ST LUCIE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

SIGNATURE

9-25-98

CR2E034 (5/98)