

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**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90035 016 \*\*\*150.00

**DOCUMENT # P96000001357**

1. Corporation Name  
**STVERD, INC.**

Principal Place of Business

**932 S.W. BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983  
US**

Mailing Address

**932 S.W. BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1995**

4. FEI Number

**65-0629542**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EDGE, JOSEPH  
906 SW BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name

**Edge, Joseph**

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

**932 SW Bayshore Blvd**

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

*Joseph Edge*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-3-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
EDGE, JOSEPH  
932 S.W. BAYSHORE BLVD..  
PORT ST. LUCIE FL**

TITLE ☐ DELETE

**VP  
NEUHAUS, APRIL L  
9322 S.W. BAYSHORE BLVD.  
PORT ST. LUCIE FL**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

**686 SW BRANFORD RD  
PORT ST LUCIE, FL 34983  
Sect 1 gertrude Schumacher  
2120 SE TRILLO ST.  
Port St Lucie, FL 34952**

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

**3/3/99**

Date

**561-879-4619**

Daytime Phone #

CR2E034 (11/98)

0513486