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

DOCUMENT # P9600007490 1. Corporation Name

VON STILLI CORORATION

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90061 028 ***150.00

					<u> </u>		
Principal Place of Business Mailing Address							
4948 BIMINI RD. 4948 BIMINI RD. TEQUESTA FL 33469 TEQUESTA FL 33469							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/24/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0748039 Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.	etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Žip	Country	у	8. This corporation owes the current year Intangible		
24	25	29 30	0		Personal Property Tax.		
	9. Name and Address of Cย	rrent Registered Agent	81	Name	10. Name and Address of New Registered Agent		
STILLI, CAROL D			61	Name			
	BIMINI RD.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	UESTA FL 33469		83				
i Lun	0E01/1 E 00700		83	"			
			84	City	FL 85 Zip Code		
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	the abov	 /e-named corp	poration submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the St	ate of Florida. Such change was auth digations of, Section 607.0505, Florid	norized by	/ the corporation	on's board of directors. I hereby accept the appointment as registered		
SIGNATURE							
	Signature, typed or printed name of registered			ent signature require			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio		
TITLE	PT CARDOL D	Detele	1.1 TITLE				
NAME	STILLI, CAROL D		1.2 NAME				
STREET ADDRESS	4948 BIMINI RD.			TADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469	C DELETE	1.4 CITY-5	ST-ZIP	☐ Change ☐ Additio		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Additio		
NAME	STILLI, DAVID L		2.2 NAME				
STREET ADDRESS	4948 BIMINI RD.		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469		2.4 CITY-	ST- ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELĒTĒ	5.1 TITLE		☐ Change ☐ Additio		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	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.

D. Shill 4/12/99