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 # P96000021303 1. Corporation Name

O A VENTUDEO INO

Principal Place of Business	•	Mailing Address		
1167 U.S. 27 SOUTH		1167 U.S. 27 SOUTH		
SEBRING FL 33870	SEBRING FL 33870			

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90020 016 ***150.00

EOM	ENTURES, INC.				
Principal Place	e of Business	Mailing Address			I SABILLER HA IBILE BILL BARK BOLIN DONN DONN HORD HINN GOOD HINN COOL
1167 U.S. 27 SG SEBRING FL 33		1167 U.S. 27 SOUTH SEBRING FL 33870			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					·
		2n Mailing Address			03/05/1996 4. FEI Number Applied For
	lace of Business	2a. Mailing Address			
21	#131 21 - 122	26 Suite Ant # étc	Suite, Apt. #, étc.		\$8.75 Additional
Suite, Apt.	#, etc.	27	—		5. Certificate of Status Desired Fee Required
City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. ☑ Yes ☐ No
~~	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent
 			81	Name	
	Dre, eric k		82	Street 6	Address (P.O. Box Number is Not Acceptable)
1167	7 U.S. 27 SOUTH		"	Cuber,	Addisos (i.e. box ratinos is ristricospiasis)
SEBI	RING FL 33870		83	3	
	•		84	1 0:4.	85 Zip Code
			0*	City	FL 63 25 5365
agent. I a	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	legistered Age		required when reinstating) DATE TO DESCRIPTION OF THE PROPERTY OF THE PROPER
12.		ID DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	DVPS	☐ DELETE	1.1 TTLE		
NAME	MOORE, ERIC K		1.2 NAME		
STREET ADDRESS	1		•	ET ADDRESS	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-		☐ Change ☐ Addition
TITLE	DPT	☐ DELETE	2.1 TITLE		
NAME	WILDSTEIN, ALAN J		2.2 NAME		
STREET ADDRESS				ET ADDRESS	العام الديادي المنافق الاحميد و المنافق الديني الموقي الدينية <u>المحميدي</u>
CITY-ST-ZIP	SEBRING FL	☐ DELETE	2. 4 CITY-		☐ Change ☐ Addition
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS		•		ET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE		Change Addition
TITLE		ריי סברבוב	4.1 THEE		
NAME					
STREET ADDRESS	1			ET ADORESS	
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE		Change Addition
TITLE	:		5.2 NAME		
NAME OTDET LODGE				ET ADDRESS	
STREET ADDRESS			5.4 CITY-		
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME	:	

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

K. MOURE 3-15-99