## 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 # P9600036670

OLD WORLD VISION, INC.

Principal Place	of Bu	siness
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1720 E TIFFANY DR STE 203

Mailing Address

1720 E TIFFANY DR STE 203

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90002 008 \*\*\*150.00



US PALM BO	JH FL 33407	. 334U/ WEST PALM BUH PL 334U/ US		DO NOT WE	DO NOT WRITE IN THIS SPACE		
30		•		<ol><li>Date Incorporated or Qualife</li></ol>	d		
				04/26/1996			
2. Principal Pla	ace of Business	2a. Mailing Address	/0	4. FEI Number	Applied For		
21 200 F		26 P.O. BOX 14	/93 <u>a        </u>	65-0661807	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State 0 / 0	1 1	6. Election Campaign Financing	\$5.00 May Be		
23 Kivi	era Beach, FL	28 North Falm B	each, TL	Trust Fund Contribution  8. This corporation owes the cu	Added to Fees		
24 3340	4 25 PalmBeach	29 33409 30	Palmbead	Personal Property Tax.	☐ Yes 1221 No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
DEVA	IOLDS CRECORY I		81 Name	Pancy L. Reynolds	ś		
	NOLDS, GREGORY L E TIFFANY DR STE 203		82 Street A	Address P.O. Box Number is Nov Accep	otable)		
	T PALM BCH FL 33407		83	) F 12 it 24/46	24		
WES	FALM BOTT PL 33407		1°3 # 1	15			
			84 City	iviera Beach	FL 85 Zip Code 33 40 4		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for th	ne purpose of changing its registered		
office or re agent. I ar	egistered agent, or both, in the State o m familia/ with, and accept the obligate	ons of, Section 607.0505. Florida	a Statutes.	ration's board of directors. I hereby acc	ept the appointment as registered		
SIGNATURE	of learn I box	nolde Gregor		12016S	4-28-99		
SIGNATURE	Signature, typed of printed some of registered agent	ind title if applicable. (NDTE: Re	gistered Agent signatureurs		DATE		
12.	OFFICERS AND		13.		DFFICERS AND DIRECTORS IN 12    Change   Addition		
TITLE	Р	☐ DELETE	1.1 TITLE	President 2	LIND riange CT Audition (		
NAME .	REYNOLDS, GREGORY L			Gregory L-Keyholds	# 115		
STREET ADDRESS	1720 E TIFFANY DR STE 203		1.3 STREET ADDRESS	200 E-13Th STREET	= 113		
CITY-ST-ZIP	WEST PALM BCH FL 33407		1.4 CITY-ST-ZIP	Kiviera Beach, FC	3 3 90 P		
TITLE		☐ DELETE	2.1 TITLE	ľ	/ Change C Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		[] DELETE	2.4 CITY-ST-ZIP		Change Addition		
TITLE		™ DEFEIC	3.1 TITLE		- Change - Nation		
NAME			3.2 NAME				
STREET ADDRESS	,		3.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE	• .		4.2 NAME		,		
NAME			4.2 NAME 4.3 STREET ADDRESS				
STREET ADORESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME	•			
STREET ADDRESS	•		5.3 STREET ADDRESS		,		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		}		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME		<del>-</del>	6.2 NAME		ì		
STREET ADDRESS			6.3 STREET ADDRESS				
	अस्तिहरू स्ट्राहरू		6.4 CITY-ST-ZIP				
[ Series (1 )	r e e e e e e e e e e e e e e e e e e e						

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 changes, or on an attachment with an address, with all other like empowered.

**SIGNATURE**