

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091623 (4)**

1. Corporation Name

IVONE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**3900 COUNTY LINE ROAD, SUITE ~~100~~ 104
TEQUESTA FL 33469**

**3900 COUNTY LINE ROAD, SUITE ~~100~~ 104
TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3900 COUNTY LINE RD	26 3900 COUNTY LINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 # 104	27 # 104
City & State	City & State
23 TEQUESTA, FL	28 TEQUESTA, FL
Zip	Zip
24 33469	29 33469
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

65-0705331

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IVONE, THOMAS L
3900 COUNTY LINE ROAD
SUITE ~~100~~ 104
TEQUESTA FL 33469**

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

Thomas L. Ivone - THOMAS L. IVONE

4-10-98

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVONE, JEAN L		1.2 NAME	
STREET ADDRESS	3900 COUNTY LINE RD STE 100 104		1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVONE, THOMAS		2.2 NAME	
STREET ADDRESS	3900 COUNTY LINE RD, STE 100 104		2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: **Thomas L. Ivone - THOMAS L. IVONE** **4-10-98** **FL 33469**

CR2E034 (10/97)