

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90108 026 \*\*\*150.00

DOCUMENT # P96000091623

1. Corporation Name

IVONE ENTERPRISES, INC.

Principal Place of Business

3900 COUNTY LINE ROAD  
104  
TEQUESTA FL 33469  
US

Mailing Address

3900 COUNTY LINE ROAD  
104  
TEQUESTA FL 33469  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3900 COUNTY LINE RD

Suite, Apt. #, etc.

22 #10A

City & State

23 TEQUESTA, FL

Zip

24 33469

Country

25

2a. Mailing Address

26 3900 COUNTY LINE RD

Suite, Apt. #, etc.

27 10A

City & State

28 TEQUESTA, FL

Zip

29 33469

Country

30

9. Name and Address of Current Registered Agent

IVONE, THOMAS L  
3900 COUNTY LINE ROAD  
SUITE #10A  
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

IVONE, THOMAS L.

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

3900 COUNTY LINE RD #10A

83

84 City

TEQUESTA

FL

85 Zip Code

33469

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME IVONE, JEAN L

STREET ADDRESS 3900 COUNTY LINE RD STE 13-B

CITY-ST-ZIP TEQUESTA FL

TITLE SD ☐ DELETE

NAME IVONE, THOMAS

STREET ADDRESS 3900 COUNTY LINE RD, STE 13-B

CITY-ST-ZIP TEQUESTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME IVONE, JEAN L #10A

1.3 STREET ADDRESS 3900 COUNTY LINE RD #10A

1.4 CITY-ST-ZIP TEQUESTA, FL 33469

2.1 TITLE SP ☒ Change ☐ Addition

2.2 NAME IVONE, THOMAS L.

2.3 STREET ADDRESS 3900 COUNTY LINE RD #10A

2.4 CITY-ST-ZIP TEQUESTA, FL 33469

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

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:

THOMAS L IVONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99

Date

(561) 744-3198

Daytime Phone #

CR2E034 (11/98)

0356849