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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 ch accounting DOCUMENT # 1. Corporation Name

May 06, 1999 8:00 am Secretary of State

05-06-1999 90018 042 ***150.00

Corp.		1	
			4 98 680 - 90018 - 42
Principal Place of Business	Mailing Address	M	130000 - 30016 - 42
2593 Itamotor	Circle Sa	777	
2593 Hampton Circle Sou Delray Booch, Fla. 3344			DO NOT WRITE IN THIS SPACE
Delray Booch,	Ha. 334	7)	3. Date Incorporated or Qualifed
· - · -	2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
	27		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 - 2 Country	28	Country	Trust Fund ContributionAdded to Fees
-	29 30	1	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Re		1	10. Name and Address of New Registered Agent
	* .	81 Name	
Robert E. Verring	Poir.	82 Street A	Address (P.O. Box Number is Not Acceptable)
2593 Itampton	tirele South		nauress (F.O. Box Number is Not Acceptable)
	 19 2 1 4 (83	
Velray Bach Fi	er 33445	BAL Cib.	es Zin Codo
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 an	d 607.1508, Florida Statutes, t	the above-named	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of FI agent. I am familiar vith, and accept the obligations	onda, Such change was autho , of, Section 607.0505, Florida	Statutes.	pration's board of directors. I hereby accept the appointment as registered
SIGNATURE RODGE EN			
Signature, typed or printed name of registered agent and	title if applicable. NOTE: Regi	istered Agent signature re	equired when reinstating) DATE
12. OFFICERS AND D	DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE .	C) pereie	1.1 TITLE	Cres.
NAME		1.2 NAME 1.3 STREET ADDRESS	Robert E. Vernayus.c
STREET ADDRESS		1,4 CITY-ST-ZIP	Robert E. Pernaude. So. 45 2 Just Hampton Circle So. 45 Delray Beach Fla. 33445
CITY-ST-ZIP TITLE	DELETE	2.1 TITLE	Change Addition
NAME	_	2.2 NAME	Visit is a chex
STREET ADDRESS		2.3 STREET ADDRESS	2593 Happion Circle So.
CITY-ST-ZIP	i	2. 4 CITY-ST-ZIP	Detrem Reach Fla. 3344
TITLE		3.1 TITLE	Change Addition
NAME		.3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		34. CiTY-ST-ZiP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	:	4. 2 NAME	
STREET ADDRESS	i	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	1	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP 6.1 TITLE	Change Classes
TITLE		6.2 NAME	Change Addition
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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: