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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021425

1. Corporation Name RONVIL CORP.

HOITHE OOTH

Principal Place of Business Mailing Address

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90008 045 ***150.00



| 1 Till Olpar Tiaco el Escilioco | | | I . | | | |
|---|---|-------|--|--|-----------------------------------|--|
| 14346 CYPRESS ISLAND COURT PALM BEACH GARDENS FL 33410 | 14346 CYPRESS ISLAND COURT PALM BEACH GARDENS FL 33410 | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 03/03/1997 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | 26 | | | 65-0745 <u>050</u> | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | - : | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip Country | Zip Cou 29 30 | untry | | This corporation owes the current year in Personal Property Tex. | itangible ☑ Yes ☐ No | |
| 9. Name and Address of Curr | | 1 | | 10. Name and Address of New Registered | Agent | |
| COSTELLO, RONALD J | | 81 | Name | | | |
| 14346 CYPRESS ISLAND COURT | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| PALM BEACH GARDENS FL 33410 |) | 83 | | | | |
| | | 84 | City | FI | 85 Zip Code | |
| 11 Pursuant to the provisions of Sections 607.0 | 502 and 607,1508. Florida Statutes, the a | bove | -named corpora | tion submits this statement for the purpose of | f changing its registered | |

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.

| agent. i ai | in tainillar with, and accept the dongarons of, decitor dor took | o, riolida Olpidico. | | - | |
|----------------|---|--------------------------------------|--|---------------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature re | equired when reinstating) DATE | 1 | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | AND DIRECTORS IN 12 | |
| TITLE | PD DELE | TE 1.1 TITLE | ☐ Change ☐ Ad | dition | |
| NAME : | COSTELLO, RONALD J. | 1.2 NAME | | | |
| STREET ADDRESS | 14346 CYPRESS ISLAND COURT | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 1.4 CITY-ST-ZIP | | } | |
| TITLE | VD DELE | TE 2.1 TITLE | ☐ Change ☐ Ad | dition | |
| NAME | COSTELLO, VILMA F. | 2.2 NAME | | | |
| STREET ADDRESS | 14346 CYPRESS ISLAND COURT | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 2. 4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELE | TE 3.1 TITLE | Change Add | dition (| |
| NAME | | 3.2 NAME | | Ì | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | · | } | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | |
| TITLE | ☐ DELE | TE 4.1 TITLE | ☐ Change ☐ Ad | dition | |
| NAME | | 4.2 NAME | | ļ | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |] | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| TITLE | DELE" | TE 5.1 TITLE | ☐ Change ☐ Ad | dition | |
| NAME | • | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | Į | |
| CiTY-ST-ZIP | | 5.4 C/TY-ST-ZIP | | | |
| TITLE | DELE | TE 6.1 TITLE | ☐ Change ☐ Ad | dition | |
| NAME . 1.c. | n vir same incassionam til movem | 6.2 NAME | | | |
| STREET ADDRESS | CONTRACTOR OF THE STATE OF THE | 6.3 STREET ADDRESS | • | i | |
| CMY-ST-ZIP | | 6.4 CITY-ST-ZIP | The state of the s | | |

14. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime P

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