

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90061 041 ***150.00

DOCUMENT # P97000032372

1. Corporation Name

THE FELIZ GROUP, INC.



Principal Place of Business

3621 RIDGEMONT ROAD
ORLANDO FL 32808

Mailing Address

3621 RIDGEMONT ROAD
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

59-3445122

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 5042 BARNEGAT Point
Suite, Apt. #, etc.

2a. Mailing Address

26 5042 BARNEGAT Point
Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

24 Zip 32808 25 Country U.S.A.

29 Zip 32808 30 Country U.S.A.

9. Name and Address of Current Registered Agent

MOLINA, JULIO
8614 BRACKENWOOD DR
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name

FELIZ, NELSON M.

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

5042 BARNEGAT POINT RD

83

84 City

ORLANDO

FL

85 Zip Code

32808

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

1/13/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FELIZ, NELSON M
STREET ADDRESS 3621 RIDGEMONT RD
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ DELETE

NAME FELIZ, MARTHA D
STREET ADDRESS 3621 RIDGEMONT RD
CITY-ST-ZIP ORLANDO FL 32808

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 P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 5042 BARNEGAT Point RD
1.4 CITY-ST-ZIP ORLANDO, FL 32808

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5042 BARNEGAT Point RD
2.4 CITY-ST-ZIP ORLANDO, FL 32808

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 407-721-6900

Date

Daytime Phone #

CR2E034 (11/98)

0096020