PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700043069

INTERVAC DESIGN CORP.

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199	SHELTER LANE	
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FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90021 010 ***150.00



Mailing Address Principal Place of Business 199 SHELTER LANE JUPITER FL 33469 Jupiter FL 33469 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/14/1997 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 58-2275641 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. □. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SCHLSPKOHL, SUSAN Street Address (P.O. Box Number is Not Acceptable) 199 SHELTER LANE JUPITER FL 33469 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CC | CC sider | Change | Addition OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 11 TITLE TITLE Susan Schlankohl 1.2 NAME SCHLAPKOHLL, SUSAN NAME 199 Shelter LAR 1.3 STREET ADDRESS 199 SHELTER LANE STREET ADDRESS Jup: tor, PC, 33469 JUPITER FL 33469 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change President Peter Schlapkohl 199 Shelter LAME DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS Supiter FL 33469 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TIBE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 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 appartment with an address, with all other like empowered.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

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SIGNATURE AND

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