

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90113 026 ***158.75

DOCUMENT # P97000076634

1. Corporation Name
N.V.J. ENTERPRISES, INC.



Principal Place of Business
**1143 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**P.O. BOX 17510
WEST PALM BEACH FL 33416**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0777591

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICCIOLO, VINCENT N
1143 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411**

81 Name

NICKIE MULLER

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

1143 ROYAL PALM BCH BLVD

83

84 City

ROYAL PALM BCH

FL

85 Zip Code

33411

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 **Nicole M. Muller**

NICOLETTE M. MULLER

4-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **PICCIOLO, VINCENT N**
STREET ADDRESS **P.O. BOX 15821**
CITY-ST-ZIP **WEST PALM BEACH FL 33416**

1.1 TITLE **P/V/T/S/D** ☐ Change ☒ Addition
1.2 NAME **NICKIE MULLER**
1.3 STREET ADDRESS **1143 ROYAL PALM BEACH BLVD**
1.4 CITY-ST-ZIP **ROYAL PALM BCH, FL 33411**

TITLE **D** ☒ DELETE
NAME **PICCIOLO, TERESA L**
STREET ADDRESS **P.O. BOX 15821**
CITY-ST-ZIP **WEST PALM BEACH FL 33416**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Nicole M. Muller** **NICOLETTE M. MULLER** **4-18-99** **561-798-0208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0369174