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

PROFIT ORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081701 (9)

CVL ENTERPRISES, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 931 DUMONT DRIVE 931 DUMONT DRIVE **DUNEDIN FL 34698 DUNEDIN FL 34698** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For Suite, Apl. #, etc. SAME AS ABOUT 26 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible inella Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LOPEZ, VICTOR C Name **931 DUMONT DRIVE** Street Address (P.O. Box Number is Not Acceptable) 82 **DUNEDIN FL 34698** 83 City 84 65 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP UKE Prosiden DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 woodbine Awe, class. 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY+ST-ZIP Change Addition 3.1 TITLE TITLE reasurer /sect VICTOR C. LINDE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-Z#P 5.4 CiTy - \$1 - 7IP 100002488 DELETE TITLE 6.1 TITLE -04/15/98--0100**3**--01**T** NAME 6.2 NAME ***150.00 6.3 STREET ADDRESS 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 fair produces.