## 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

## DOCUMENT # P97000098495

VIRTUOSO, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90022 046 \*\*\*150.00



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Principal Place of Business Mailing Address				•						
13605 BROMLEY JAKCSONVILLE	<del>-</del>	13605 BROMLEY POINT DRIVE JAKCSONVILLE FL 32225				DO NOT WRITE IN THIS SPACE				
••					•	Date Incorporated or Qualifed     11/17/1997				
2 Principal D	land of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
			NPTON ISLAND CI		N CT.	NOT APPLICABLE		<u>`</u>	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #,								\$8.75 A		
22 Suite, Apr.	#, BtC.	27				5. Certificate of Status Desired		Fee Required		
City & State  Z3 TACKSONVIUE, FL		28 JACKSONVILLE, EL			- '	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	_ Country	Zip	Coun	itry		<ol><li>This corporation owes the curre</li></ol>	_		<b>.</b>	
24 322;	24 [25] USA	29 32229 30	L_Ļ	15 A		Personal Property Tax.			No	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10. Name and Address of New Re	gistered Ag	ent		
OLIVER, RAYMOND L 13605 BROMLEY POINT DRIVE JAKCSONVILLE FL 32225				81 Name 82 Street	OL Addres	S (P.O. Box Number is Not Acceptate				
				39 <u>3</u>	Υ.	S. BRAMPTON ISLA	ND CT	, •		
				84 City T	7 / 1	KSONV/LUÉ	FL	85 Zip (	ode 4	
	2500	1007.4500 51 11-51-44-		<u> </u>	<u>へし</u>	ation submits this statement for the s		anning 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.										
SIGNATURE  Stonature, based or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
						ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
12.	P OFFICERS AND	DELETE	1.1 TITI		P	ADDITIONO, UNITED TO STA		Change	Addition	
TITLE	OLIVER, RAYMOND L		1.2 NA		OU	IVER, RAYMOND L			]	
NAME	13605 BROMLEY PINT DR			"EET ADDRESS	24 6	- BRAMPTON ISLA	ND CT.	, <i>5</i>	}	
STREET ADDRESS					3.0	GERAMPTON ISLA ACKSONVILLE, FL	322	24		
CITY-ST-ZIP	JACKSONVILLE FL 32225	☐ DELETE	2.1 TIT	Y-ST-ZIP	J.	CESURITOR ,	<u> </u>	Change	Addition	
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CITY-ST-ZIP		Floriere		ry-st-zip	<del> </del>			☐ Change	☐ Addition	
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CITY-ST-ZIP				Y-ST-ZIP			·· <del>····</del>		☐ Addition	
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NAME			5.2 NA						}	
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TITLE		☐ DELETE	6.1 TIT			•		Change	☐ Addition	
NAME			6.2 NA						ļ	
STREET ADDRESS	Ì		6.3 STI	REET ADDRESS	1					
OTT / OT TIP			64 CIT	Y-ST-7/P					Y	

14. I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier ental annual report is true and accuracyland that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to exactle 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 pure like empowered.

SIGNATURE: