

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90177 023 ***150.00

DOCUMENT # **P97000108615**

1. Corporation Name

XAVIER ENTERPRISES, INC.



Principal Place of Business

**4531 DE LEON STREET
SUITE 110
FORT MYERS FL 33907**

Mailing Address

**4531 DE LEON STREET
SUITE 110
FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

2. Principal Place of Business

WEST

2a. Mailing Address

21 709 CAPE CORAL PKWY.

26 709 CAPE CORAL PKWY.

4. FEI Number

65-0811963

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 CAPE CORAL, FL.

City & State

28 CAPE CORAL, FLA.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33914

25 LEE

Zip

Country

29 33914

30 LEE

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

HONIKA E. FARMAR

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

709 CAPE CORAL PKWY. WEST

83

84 City

CAPE CORAL

85 Zip Code

FL 33914

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 **HONIKA E. FARMAR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-99

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT-DIRECTOR** ☐ DELETE
NAME **BRIGITTE BENOT**
STREET ADDRESS **709 CAPE CORAL PKWY. WEST**
CITY-ST-ZIP **CAPE CORAL, FL. 33914**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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: **Brigitte Benot** **BRIGITTE BENOT** **2-8-99** **941-540-9434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)