## 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 # **P98000015945**

1. Corporation Name

COMPANION ENTERPRISES, INC.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90105 048 \*\*\*150.00



Principal Place of Business Mailing Address					- 18811881 HW INVESTIGATION SOUTH PRINT WATER		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
564 CRYSTAL DRIVE 564 CRYSTAL DRIVE							
MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708			i		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/18/1998		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For
21 10500 ULMERTON RD 26					59-3492532	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22 SUITE 676 27					5. Certificate of Status Desired	Fee R	Required
City & State City & State  23					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip Country Zip			Countr	Country 8. This corporation owes the curr		ntangible	
			30		Personal Property Tax.	🗀 Yes	<b>₽</b> No
<u>, <b></b> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
0.40	AFOT DOMAID T		81	Name			
Sagaert, ronald t 564 Crystal Drive			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MAD	EIRA BEACH FL 33708		83	3			
İ			84	Lity		85 Zip	Code
				'	F		
	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida, Silich change was a	เมากดะเวลด กง	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as r	egistered egistered
SIGNATURE					od when reinstation) DATE		
				ent signature require	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH	AND DIRECT	OPS IN 12
12.	,	DELETE DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO CIT ICENS	Change	
<i></i>			1.2 NAME				_
NAME RONALD T. SAGAERT STREET ADDRESS 564 CRYSTAL DR.				ET ADDRESS			1
STREET ADDRESS			1.4 CITY-				
CITY-ST-ZIP TITLE	MADEIRA BEACH,	DELETÉ	2.1 TITLE	31-21		Change	Addition
		<u></u>	2.2 NAME		•		İ
NAME				ET ADDRESS			
STREET ADDRESS			2. 4 CITY-	1		•	· · · /·
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-21		☐ Change	Addition
			3.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			3.4, CITY-				. }
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	VI-21		Change	Addition
NAME			4, 2 NAME	<u> </u>			ļ
STREET ADDRESS				ET ADDRESS			1
			4.4 CITY-		,		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		<del></del> .	5.2 NAME		, , , ,		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			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:

CITY-ST-ZIP