

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000020389**

1. Corporation Name

A. POLEO TECHNOLOGY, INC.

Principal Place of Business
**1255 SW 101ST TERRACE 10-211
PEMBROKE PINES FL 33025**

Mailing Address
**1255 SW 101ST TERRACE 10-211
PEMBROKE PINES FL 33025**

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90012 012 ***550.00

009120 - 90012 - 12



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

65-0819314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 **3892 Heron Ridge Ln**

26 **3892 Heron Ridge Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Weston

27 City & State

Weston

23 Zip

33331

Country

Brookwood

28 Zip

33331

Country

Brookwood

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLEO, ARMANDO J
1255 SW 101ST TERRACE 10-211
PEMBROKE PINES FL 33025**

81 Name **POLEO, ARMANDO J.**

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

83 **3892 Heron Ridge Lane**

84 City **Weston**

FL 85 Zip Code **33331**

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, to 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)

DATE

7/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** ☐ DELETE
NAME **POLEO, ARMANDO J**
STREET ADDRESS **1255 SW 101ST TERRACE 10-211**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

1.1 TITLE **PSTD.** ☒ Change ☐ Addition
1.2 NAME **POLEO ARMANDO J.**
1.3 STREET ADDRESS **3892 Heron Ridge Lane**
1.4 CITY-ST-ZIP **Weston FL 33331-3717**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE

7/16/99 (954) 384-8910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0112215