

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90090 028 ***150.00

DOCUMENT # P98000026166

1. Corporation Name
ANNOVATIONS, INC.

Principal Place of Business
17400 NW 68 AVE #402
MIAMI LAKES FL 33015

Mailing Address
17400 NW 68 AVE #402
MIAMI LAKES FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

65 082 5303

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4850 SW 64th way

Suite, Apt. #, etc.

22

City & State

23 DAVIE, FL

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 4850 SW 64th way

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FL

Zip

29 33314

Country

30 USA

9. Name and Address of Current Registered Agent

TACON, ALBERT
17400 NW 68 AVE #402
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name

Anne Tacon

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

4850 SW 64th way

83

84 City DAVIE

FL

85 Zip Code 33314

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

Anne C. Tacon owner/president

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

(Not E-Registered Agent signature required when reinstating)

DATE

1/5/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME TACON, ALBERT
STREET ADDRESS 17400 NW 68 AVE #402
CITY-ST-ZIP MIAMI LAKES FL 33015

☒ DELETE

TITLE D
NAME TACON, ANNE
STREET ADDRESS 17400 NW 68 AVE #402
CITY-ST-ZIP MIAMI LAKES FL 33015

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(l), 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:

Anne C. Tacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (954) 587-2616

Date

Daytime Phone #

CR2E034 (11/98)

0294898