

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90087 026 ***150.00

DOCUMENT # P98000026166

1. Entity Name

ANNOVATIONS, INC.

Principal Place of Business

Mailing Address

~~4050 SW 64TH WAY~~
~~DAVIE FL 33314~~

~~4050 SW 64TH WAY~~
~~DAVIE FL 33314~~

2. Principal Place of Business

3. Mailing Address

401 Vision Court

Suite, Apt. #, etc.

A FL

Palm Beach Gardens

City & State

Zip Country

33418 US

City & State

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0825303

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TACON, ANNE
~~4050 SW 64TH WAY~~
~~DAVIE FL 33314~~

401 Vision Court
Palm Beach Gardens
FL 33418

Name
Same name

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

401 Vision Court Unit A

City
Palm Beach Gardens FL

Zip Code
33418

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Anne C. Tacon

4/2/2001
3/1/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TACON, ANNE	
STREET ADDRESS	4050 SW 64TH WAY 401 Vision Ct. Unit A	
CITY-ST-ZIP	DAVIE FL 33314 Palm Beach Gardens FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne C. Tacon Anne C. Tacon

4/2/2001 (561) 722-6937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)