

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  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90044 029 \*\*\*150.00

DOCUMENT # P98000046866

1. Corporation Name

ACT VENTURES INC.

Principal Place of Business

2377 BEACON DR.  
PORT CHARLOTTE FL 33952

Mailing Address

2377 BEACON DR.  
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-0839146

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

9. Name and Address of Current Registered Agent

VALLIER, KATHERINE  
2377 BEACON DR.  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Ignatius Dellis

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

1689 Haffenberg Avenue

83

84 City

North Port,

FL

85 Zip Code

34286

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

Ignatius Dellis President

DATE

4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☒ Change

☐ Addition

1.2 NAME

Ignatius Dellis

1.3 STREET ADDRESS

1689 Haffenberg Avenue

1.4 CITY-ST-ZIP

North Port, FL 34286

2.1 TITLE

S/T/D

☒ Change

☐ Addition

2.2 NAME

Elizabeth P. Dellis

2.3 STREET ADDRESS

1689 Haffenberg Avenue

2.4 CITY-ST-ZIP

North Port, FL 34286

3.1 TITLE

D

☒ Change

☐ Addition

3.2 NAME

Katherine Vallier

3.3 STREET ADDRESS

2377 Beacon Drive

3.4 CITY-ST-ZIP

Port Charlotte, FL 33952

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)(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:

Ignatius Dellis President

Date

Daytime Phone #

4/22/99 941 426 4442

CR2E034 (11/98)