PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90040 049 \*\*\*150.00

## DOCUMENT # DOCOCOTECTA

POLYVA	L INC.	U/03/4				
Principal Plac	e of Business	Malling Address			T I BELLEDRE THE ERFOL SAIN DRIN BOTH BOTH BOTH HOUSE BUTOR THAT I CAN A	1 1881
501 GOODLET		501 GOODLETTE BLD				
SUITE 100 SUITE 100						•
NAPLES FL 34	102	NAPLES FL 34102			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 06/31/1998	
2. Principal P	Place of Business	2a. Malling Address			4. FEI Number 65_0862.7579 Applied F	or
21		26				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	at
22	<u></u>	27			rea Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May 8	
23		28	Cou	note:	Trust Fund Contribution Added to Fee	
Zip	Country	Zip	30	iiiu y	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Current	29 Boolstond Apost	1301	<del> </del>	10. Name and Address of New Registered Agent	
*	9. Name and Address of Current	Kedisteren Wilaur		81 Name	19. Itelia min Laniase at team tre Practice . Main	
PINA	AULT, DOMINIQUE					
230	SW 117 TERRACE			82 Street A	Address (P.O. Box Number is Not Acceptable)	
SUITE #108			•	83		
-	IBROKE PINES FL 33025					
	, , , , , , , , , , , , , , , , , , ,			84 City	FL 85 Zip Code	- 1
44 Disease	to the provisions of Continue CO7 0502	and 607 1609 Etorida State	os the o	bywa-namari s	composition submits this statement for the ourcess of changing its registe	red
office or r	registered agent, or both, in the State of	f Florida, Such change was a	uthorized	by the corpo	corporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registere	,
i e	am familiar with and accept the collection			utes.	21 22 5061	l
SIGNATURE	11 T					
	Signature benefit or prince transport of the same board	And tried depricable CNOTE	Registered	Apart signature re	Quired when reinstring) DATE	- { -
	Signature, typed or named trains of the second ligari	and trie if applicable. (NOTE	Registered	Agent signature re	Quired when reinstations)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	- { -
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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 eath; 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 of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1600 A 11 INE FERONE ED