

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90133 033 ***150.00

DOCUMENT # P98000098735

1. Corporation Name

CARL ANTHONY USA, INC.

Principal Place of Business

1499 W PALMETTO PARK ROAD
SUITE 318
BOCA RATON FL 33435

Mailing Address

1499 W PALMETTO PARK ROAD
SUITE 318
BOCA RATON FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

65-0879071

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

21 712 Riverside Drive

2a. Mailing Address

26 712 Riverside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 Coral Springs FL

City & State

27 Coral Springs FL

Zip Country

24 33071 25 USA

Zip Country

29 33071 30

9. Name and Address of Current Registered Agent

JODI B. GREEN, P.A.
1499 W PALMETTO PARK ROAD
SUITE 318
BOCA RATON FL 33435

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME VENTER, CARL A
STREET ADDRESS P.O. BOX 75583 LYNWOOD RIDGE PRETORIA
CITY-ST-ZIP SOUTH AFRICA 0040

TITLE VSD ☒ DELETE

NAME CAWOOD, JOHN
STREET ADDRESS 11 INLET CAY DRIVE
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE VSD ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

712 Riverside Drive
Coral Springs, FL 33071

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

VSD
VENTER, ANTHONY
712 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/99 954-753-4585

CR2E034 (11/98)