

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 01, 1999 8:00 am
Secretary of State

04-01-1999 90007 050 ***150.00

DOCUMENT # P98000101549

1. Corporation Name

VOYAGER INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

5610 PALIO PINES
FT. PIERCE FL 34951

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FT. PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

FEI

4. FEI Number

S-Corp-298-50-2899

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

2a. Mailing Address

21 5610 Palio Pines

26 513 HAMILTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 FT Pierce, Fla

27 City & State
28 New ERLINE, Ohio

24 Zip 34951 25 Country USA

29 Zip 45344 30 Country USA

9. Name and Address of Current Registered Agent

LAMB, RICHARD L
1517 20TH STREET
VERO BEACH FL 32961-6704

10. Name and Address of New Registered Agent

81 Name

RICHARD LAMB

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

1517 20th ST.

83

84 City

VERO BEACH, FL

85 Zip Code

32960

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RICHARD LAMB

STREET ADDRESS 513 HAMILTON AVE

CITY-ST-ZIP NEW ERLINE, OH 45344

TITLE ☐ DELETE

NAME RICHARD LAMB

STREET ADDRESS SAA

CITY-ST-ZIP

TITLE ☐ DELETE

NAME RICHARD LAMB

STREET ADDRESS SAA

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

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

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)(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 #

3-3-99 561-373-069

CR2E034 (11/98)