PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 27, 1999 8:00am Secretary of State

1. Corpora					
DOCUMENT # S08397 1. Corporation Name PIERVILLE, INC.				01-27-1999 90058 046 ***	*150.00
PIEHVI	LLE, INC.				
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813 EAST LA FT. LAUDERC	as olas blvd. Dale fl 33301	813 EAST LAS OLAS BLV FT. LAUDERDALE FL 3330		DO NOT MOTE IN	
· .				DO NOT WRITE IN T 3. Date Incorporated or Qualifed	HIS SPACE
				10/24/1990	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0222561	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 City & St	to the state of th	27		3. Continuate of Status Desired	Fee Required
23	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current year	
	9. Name and Address of Currer		130	Personal Property Tax. 10. Name and Address of New Register	Yes □No
	A STATE OF THE STA		81 Name	To. Name and Flouress of New Negister	ed Agent
PiFiFida.	BINVILLE, PIERRE C.		82 Street Addr	(S.O. B)	
813 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301		Street Addi	ress (P.O. Box Number is Not Acceptable)		
FI	LAUDERDALE FL 33301		83		100 100 100 100 100
		•	84 City	<u>。 </u>	
219 02000	the art with the state of		1 1 7	· · · F	85 Zip Code
11. Pursuan office or	it to the provisions of Sections 607.050, registered agent, or both, in the State	2 and 607 1508, Florida Statute of Florida, Such change was a	es, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I	am familiar with, and accept the obliga-	tions of, Section 607.0505, Flor	ida Statutes.	on's board or directors. I nereby accept the app	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agen				
12.			Registered Agent signature required		
12. TITLE	OFFICERS AN		Registered Agent signature required 13. 1.1 TTLE	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
	OFFICERS AN PD JUBINVILLE, PIERRE	D DIRECTORS	13.		AND DIRECTORS IN 12
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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 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 attactpheny with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/99

954-522-750

Daytime Phone #

)R2F034 (11/98