

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90116 047 ***150.00

DOCUMENT # **S25304**

1. Corporation Name

ACUTE INVESTMENTS, INC.

Principal Place of Business

9105 JASMINE BLVD
NEW PORT RICHEY FL 34654
US

Mailing Address

9105 JASMINE BLVD
NEW PORT RICHEY FL 34654
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1991

2. Principal Place of Business

21 13024 SPAULDING DR

Suite, Apt. #, etc.

22

City & State

23 HUDSON, FL

Zip

24 34669Country **USA****25 PASSED**

2a. Mailing Address

26 13024 SPAULDING DR

Suite, Apt. #, etc.

27

City & State

28 HUDSON FL

Zip

29 34669Country **USA****30**

4. FEI Number

59-3042459

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

PADOVA, RONALD
9105 JASMINE BLVD
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name ANDREW PADOVA
82 Street Address (P.O. Box Number is Not Acceptable) 13024 SPAULDING DR
83
84 City HUDSON, FL **85 Zip Code 34669**

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)

3/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **PADOVA, RONALD**
STREET ADDRESS **9105 JASMINE BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☐ Change ☒ Addition

1.2 NAME **ANDREW PADOVA**
1.3 STREET ADDRESS **13024 SPAULDING DR**
1.4 CITY-ST-ZIP **HUDSON, FL 34669**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 1-727-856-1687

Date

Daytime Phone #

CR2E034 (11/98)