## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 9000 PARK BLVD.

SEMINOLE FL 34647

UNIT 7

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S54841

1. Corporation Name

Principal Place of Business

9000 PARK BLVD. UNIT 7

SEMINOLE FL 34647

TAVI ENTERPRISES, INC.

US		US				3. Date Incorporated or Qualifed			
		I				05/20/1991	١.	- Carl F	
2. Principa Pl	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>	orlied For	
21		26				59-3067250		ot Applicable	
Suite, Ant.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Aditional ecuired	
City & State	e	City & State				6. Election Campaign Financing	5.00	r∕lay Be	
23		28				1 - 1		tc Fees	
Zip	Courtry	Zip	Coun	try		8. This corporation owes the current year intangit	le		
24	25	29	30			Persor al Property Tax.	es/	IJNo	
	9. Name and Address of Current	Registered Agent	1	-		10. Name and Address of New Registered Ager	it		
				81	Name				
GELFOND, MILDRED					P2 Chart Andreas (D.O. Bey Number in Not Accoptable)				
9000 PARK BLVD.				82 Street Acdress (P.O. Box Number is Not Acceptable)					
SUITE 7									
SE:M	INOLE FL 34647			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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATUFE	Signature, typed or printed name of registered agent	and title if applicable (NOT	Registered A	haent	signature require	d when reinstating) DATE		'	
12.	OFFICERS AND		13.	gon	signature require	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	DES IN 12	
TITLE	DPS	☐ DELETE	1.1 TITL	.E	-		Change	Addition	
	GELFOND, MILDRED	<u> </u>	1.2 NAM					_	
NAME	OCCO DADE DI VO #7				+DDDECC				
STREET ADDRESS.	1				ADDRESS				
CITY-ST-ZIP	SEMINOLE FL	[] NEI CTC	1.4 CITY 2.1 TITL	_	-ZIP		Change	Addition	
TITLE	DVT	_					onlange		
NAME	GELFOND, LEONARD		2.2 NAM						
STREET ADDRESS			2.3 STR	REET	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		2. 4 CIT		T- ZIP				
TITLE		☐ DELETE	3.1 TITL	.E		Ш	Change	Addition	
NAME	3.21		3.2 NAM	Æ					
STREET ADDRESS	3.3		3.3 STR	REET.	ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST	T-ZIP				
TITLE		☐ DELETE	4.1 TITU	.E			Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET	ADDRESS				
CITY-ST-ZIP			4.4 CITY	Y-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITL				Change	Addition	
NAME			5.2 NAM	ΛE					
STREET ADDRESS			5.3 STR	REET	ADDRESS				
CITY-ST-ZIP			5.4 CITY	Y-ST-	- ZIP				
TITLE		☐ DELETE	6.1 TITL				Change	Addition	
NAME			6.2 NAM	ИE			-	+	
					ADDRESS				
STREET ADDRESS			6.4 CIT		1				
CITY-ST-ZIP	partify that the information supplied with	this filing does not qualify for				Section 119.07(3)(i), Florida Statutes. I further certify the	at the	in:ormation	
indicated officer or	on this annual report or supplemental .	annual report is true and acc. er or trustee empowered to	urate and t execute thi	that is re	: my signati≀re eport as requi	e shall have the same legal effect as if made under oa ired by Chapter 607, Florida Statutes; and that my na	th: that	: iam an	

Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90064 039 \*\*\*150.00

DO NOT WRITE IN THIS SPACE