Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90051 005 ***150.00

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**

. Corporation	MENT # V28476 ERNATIONAL, INC.									
Principal Place of Business Mailing Address							- 	I e e i e e e e e e e e e e e e e e e e e	ili gi'dii Eisii di	Alt GIBII FABI
PO BOX 6008 DESTIN FL 32541		PO BOX 7185 OPELOUSAS LA 70571				DO NOT WRITE IN THIS SPACE				
							 Date Incorporated or Qualif 04/09/1992 	ed		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For	
21		26				74-2538629			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			_	5. Certifcate of Status Desired		\$8.75 A	
City & State)	City & State				6. Election Campaign Financin	1g 🗆	\$5.00		
23	28						Trust Fund Contribution		Added to	Fees
Zip	Country Zip			Country	51 THIS CORPORATION STILLS			urrent year Inta		™ No
24	25	29	30	<u>'l</u>			Personal Property Tax. 10. Name and Address of Ne	w Registered		(2),40
9. Name and Address of Current Registered Agent					Nam	.e	76. Name and Address of No	it itogratara .		
VIVIANO, LOUIS B.				81						
	BEACHWALK		82 Street A			et Addre	ess (P.O. Box Number is Not Acce	eptable)		
DESTIN FL 32541				83			-			
					<u> </u>					
				84	City			FL	85 Zip C	
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State on familia with, and accept the obliga	of Florida, Such chang trions of, Section 607.0	ne was allin	ANTEN DV	THE CO	ed corporation	oration submits this statement for the statement for the state of directors. I hereby ac	the purpose of cept the appoir	changing its atment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Re	gistered Agen	nt signatu	re required	when reinstating)	DATE	- • / -	
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	
TITLE	PT	□ Di	ELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	VIVIANO, LOUIS B.			1.2 NAME			•			
STREET ADDRESS	5176 BEACHWALK		i	1.3 STREET	T ADDRÉS	ss				
CITY-ST-ZIP	DESTIN FL 32541			1.4 CITY-S	T-ZIP					
TITLE	VPT	□ Di	ELETE	2.1 TITLE					Change	☐ Addition
NAME	VIVIANO, CHRISTY L.			2.2 NAME						
STREET ADDRESS	5176 BEACHWALK			2.3 STREET	TADDRES	ss				
CITY-ST-ZIP	DESTIN FL 32541			2. 4 CITY-S	ST-ZIP					
TITLE			ELETE -	3.1 TITLE			•		Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	T ADDRE	ss				
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP				Chanca	□ Addition
mle		☐ Di	ELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	•			4.2 NAME.						
STREET ADDRESS				4.3 STREE		SS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Chaлge

Change

Addition

☐ Addition