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 15, 1999 8:00 am Secretary of State

04-15-1999 90027 032 ***150.00

DOCUMENT # V45853

1. Corporation Name PAAL VENTURES, INC.	40000			
Principal Place of Business	Mailing Address			-
109 ISLAND DR PONTE VEDRA BEACH FL 32082	109 ISLAND DR PONTE VEDRA BEACH FL 3208;	2		DO NOT WR
				3. Date Incorporated or Qualifed 06/25/1992
2. Principal Place of Business	2a. Mailing Address	ill	cf	4. FEI Number 59-3132022
Syste, Apt. # .etc.	Suite, Apt. #, etc.	-Be	4-FL	5. Certifcate of Status Desired
City & State 23 32087 L	15A 28 32082		Ct	Election Campaign Financing Trust Fund Contribution
Zip Coun	Zip 29 30	Country	- 	This corporation owes the cur Personal Property Tax.
	ress of Current Registered Agent			10. Name and Address of New
CHAFIN, ALBERT J.		81	Name	
109 ISLAND DR	•	82	Street Addre	ess (P.O. Box Number is Not Accept
PONTE VEDRA FL 3208	2	83	***	
		84	City	
office or registered agent, or hot	octions 607.0502 and 607.1508, Florida Statutes, the thing in the State of Florida. Such change was authousept the obligations of, Section 607.0505, Florida	rized by	the conceration	oration submits this statement for the in's board of directors. I hereby acce

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DO NOT WRITE IN THIS SPACE

		A Marillan Antalagana		4. FEI Number	Applied For
. Principal Pla 7	Bay Kill CT	2a. Mailing Address	ill cf	59-3132022	Not Applicable
Suite, Apt.	#,etc.	Suite, Apt. #, etc.	Belo- E	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Law Doug	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
3208		28 32082	11ct	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
ล	25	29 30		Personal Property Tax.	☐ Yes ☐No
<u>'1. </u>	9. Name and Address of Current			10. Name and Address of New Registered	d Agent
			81 Name		
CHA	fin, albert j.	,	20 - 0	All CO C Des Number in Net Accompanies	
109 l	SLAND DR		82 Street A	Address (P.O. Box Number is Not Acceptable)	
PON1	TE VEDRA FL 32082		83		
			84 City	FI	
1. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named of	corporation submits this statement for the purpose of	of changing its registered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was autrons of, Section 607.0505, Florid	a Statutes.	ration's board of directors. I hereby accept the appoint	Jimment as registered
SIGNATURE			gistered Agent signature re	quired when reinstation) DATE	······································
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	PD OFFICERS AND	DELETE		·· ············	Eron Daddistan
TLE	· -	- Decere	1.11111	61 . 1	
AME	CHAFIN, ALBERT J.		1.2 NAME	111. Roy & Ill CH	
TREET ADDRESS	109 ISLAND DR		1.3 STREET ADDRESS	// 6 Blog 11300 CI	
ITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	116 Bay Will Ct	TSCOL Addition
ITLE	AS	☐ DELETÉ	2.1 TITLE		Change Addition
IAME	CHAFIN, ALBERT J.		2.2 NAME	R. Sill At	<u> </u>
TREET ADDRESS	109 ISLAND DR		2.3 STREET ADDRESS	116 Day Well CI	
rTY-ST-ZIP	-PONTE VEDRA BEACH FL	مان سماستاری کم چیر	2.4 CITY-ST-ZIP		
TTLE	VST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
IAME	CHAFIN, PAUL D.		3.2 NAME		
TREET ADDRESS	802 FAYETTE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROWNSVILLE PA		3.4. CITY-ST-ZIP		
TILE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
IAME			4. 2 NAME		
TREET ADDRESS	•		4.3 STREET ADDRESS		ļ
TY-ST-ZIP			4.4 CITY-ST-ZIP		
ITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		<u> </u>	5.2 NAME		
IAME			5.3 STREET ADDRESS		ŀ
TREET ADDRESS			5.4 CITY-ST-ZIP		l
TTY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TILE		C) percie	6.2 NAME		Ci susuida Cit umuur.
IAME			6.3 STREET ADDRESS		
* .	(严禁管辖部 Grace)			;	
CITY-ST-ZIP ·	* * * *	41.5 ED. 4	6.4 CFTY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further c	artify that the information
14 Ibereby c	entry that the information supplied will	n inis illing does not qualify for th	ie exempiion stated	in Section 1 19.07 (3)(1), Florida Statutes, I lunther C	citify that the information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Horida 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 13 if changed, orton an attachment with an address, with all other like empowered.

SIGNATURE: _

TURALIBERTIATE OF HAFIN