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 14, 1999 8:00 am Secretary of State

04-14-1999 90076 002 ***150.00

DOCUMENT # P96000028702

1. Corporation Name

VIMCO, INC.

Principal Place of Business Mailing Address						
8301 CHINABERRY RD. 8301 CHINABERRY RD.						
VERO BEACH FL 32963 VERO BEACH FL 32963						DO NOT WRITE IN THIS SPACE
US US						3. Date Incorporated or Qualifed
	,					04/02/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
- ¬ `	ace of business	26				NOT APPLICABLE Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			· · ·	_ \$8.75 Additional
	r, 616.	27				5. Certificate of Status Desired Fee Required
22 - · City & State	1					6. Election Campaign Financing \$5.00 May Be
- - '	-	28				Trust Fund Contribution Added to Fees
23 Zip	Country	Zip Country				8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	_ 				10. Name and Address of New Registered Agent
•				81	Name	
	llo, Philip e			92	Stroot /	Address (P.O. Box Number is Not Accentable)
8301 CHINABERRY RD.			ļ	82 Street Address (P.O. Box Number is Not Acceptable)		
VERO	D BEACH FL 32963			83		
]		log 7:- Orde
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the at	oove	-named o	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.						
agent. i ar	m tamiliar with, and accept the obliga	ations of, Section Gov. Jobbs, Fib.	na oran			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered	Agent	t signature re	required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TII	LĘ		Director - VP Change PAddition
NAME	VITELLO, PHILIP E	•	1.2 NA	ME	ł	william Moser
STREET ADDRESS	8301 CHINABERRY RD.		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	•	1.4 Cl	Y-ST	-ZIP	Very Beach F1 32963
TITLE	V	DELETE	2.1 TIT			SEC/TREAS Change CAddition
NAME	MEAD, JOY		2.2 NA	ME		LINDA CADUNZ
STREET ADDRESS	8301 CHINABERRY RD		2.3 ST	REET	ADORESS	
CITY-ST-ZIP	VERO BEACH FL 32963		2. 4 CI			Vera Boach =1 32863
TITLE	VERO BENOTT'E GEGGG	☐ DELETE	3.1 TD			Change Addition
NAME	التا المحمد والحجوز الواسوان	ے کا مانٹیکیٹیومار کا نے اسا	3.2 NA	ME .		
STREET ADDRESS	_				ADDRESS	3,
ì	·		3,4, CI			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TII		2.11	Change Addition
NAME			4, 2 N	ME	Ì	
STREET ADDRESS					ADDRESS	5
· ·	•		4.4 CI			,
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TT		-41	☐ Change ☐ Addition
NAME		<u> </u>	5.2 NA		1	
STREET ADDRESS			1		ADDRESS	s ·,
-			5.4 CF		l	}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition
		ے ۔۔۔۔اد	6.2 N		,	
NAME STREET ADDRESS			f '		ADDRESS	3
SIREFI ADDRESS	i		¥,0001	'		1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP