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

DOCUMENT # P98000100374

1. Corporation Name

3017 VILI	LA INC							
Principal Plac	e of Business	Mailing Address				-	40 111 00 1 50 1911	10011 0101 1001
3017 ALHAMBRA T LAUDERDALI	A ST	3017 ALHAMBRA ST FT LAUDERDALE FL 33304				DO NOT WRITE IN THI	, S SPACE	
						3. Date Incorporated or Qualifed		
						11/25/1998		
2. Principal P	Place of Business	2a. Mailing Address 26			_	4. FEI Number 65-0879575	- 1—	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & Star	te	City & State				6. Election Campaign Financing	\$5.00	0 May Be
23		28	_			"Trust Fund Contribution	Added	to Fees -
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year le		_ i
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	I Agent	
0411	O CANDDA F			81	Name			
	O, SANDRA E		82 Street Add			ss (P.O. Box Number is Not Acceptable)		
3017 ALHAMBRA ST								
FILE	AUDERDALE FL 33304			83	!			-
				84	City	F	85 Zip	Code
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorize	i by t	the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the statement for the purpose of the p	of changing it sintment as r	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered	Apent	t signature required	when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	DELETE 1.		TLE			Change	e 🔲 Addition
NAME	GALLO, SANDRA E		1.2 N	AME				
STREET ADDRESS	3100 NE 48 STREET		1.3 STREET ADDRESS		ADDRESS			į
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CI	1.4 CITY-ST-ZIP				
TITLE			2.1 Ti	2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 \$	REET	ADDRESS			
CITY-ST-ZIP			2.40	ITY-S1	T-ZIP	·		
TITLE	☐ DELETE		3.1 TI	3.1 TITLE			☐ Change	3 ☐ Addition
NAME			3.2 N	AME				{
STREET ADDRESS			3.3 S	REET	ADDRESS	•		
CITY-ST-ZIP			3.4. C	ITY-SI	T-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	B Addition
NAME			4.2 N	AME	1			-
STREET ADDRESS			4.3 \$	REET	ADDRESS			ļ
CITY-ST-ZIP			4 4 C	TY-ST	r-ZIP			i
TITLE		☐ DELETE	5.1 TI	TLE			☐ Change	e
NAME			5.2 N	AME				
STREET ADDRESS	1		5.3 S	TREET	ADDRESS			Į
CITY-ST-ZIP				TY-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TI		İ		Change	e 🗍 Addition
NAME	1		6.2 N	AME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90047 027 ***150.00