1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 308744

1. Corporation Name

NAME

STREET ADDRESS

VDANA F	HOPENTIES INC								
Principal Place	of Business	Mailing Address			-		I WINI WEND WI	tyl Alaki aralı	1 01011 01011 1031
4405 OCEAN DI		1180 N. FEDERAL HWY. C/O MACK'S GROVES. INC							
US POMPANO BEACH FL 33062			62			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed 09/01/1966			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	*		Applied For
21		26				59-1277383			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>⊢</b> '''			5. Certifcate of Status Desired		•	Additional Required
City & State	9	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year Inta		_
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered /	Agent	
	ONIOH 1 10111			81 N	ame	•			
MASSINGILL, JOAN 2731 NE 10 ST				<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Accepta	ble)		
POMPANO BCH FL 33062				83					<del></del>
							<del></del>	OC Zir	Code
					ity		FL		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statu	i by the utes.	corporation	oration submits this statement for the n's board of directors. I hereby accep	t the appoir	tment as a	registered
12	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	Agent aigi	ibidie required	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
12.	V	☐ DELETE	1,1 111	LE .	·			☐ Change	
NAME	VRANA,EDWARD J		1 2 NA	ME					
STREET ADDRESS 4405 OCEAN DRIVE			1.3 STREET ADD		DRESS.				
	LAUDERDALE BY THE SEA FL	33308	1.4 CITY-ST-ZIP						ſ
CITY-ST-ZIP TITLE	VT	□ DELETE	2.1 111		<u> </u>			☐ Change	e 🔲 Addition
			2.2 NA						ĺ
NAME STREET ADDRESS	A A A A A A A A A A A A A A A A A A A			REET ADI	nress				
t I	LUNCTONIA E DV THE OFF EL COCCO			ITY-ST-ZII					. [
CITY-ST-ZIP TITLE	S DELETE			3.1 TITLE				Change	e 🔲 Addition
NAME	MASSINGILL, JOAN V.		3.2 NA						
	2731 NE 10 STREET			REET ADD	DRESS				
STREET ADDRESS	POMPANO BEACH FL 33062			3.4, CITY-ST-ZIP					}
CITY-ST-ZIP TITLE			4.1 TD					☐ Change	e
			4.2 N						{
NAME STREET ADDRESS	227 CORSAIR ST.			RÉET ADO	DRESS				}
} 1				4.4 CITY-ST-ZIP					1
CITY-ST-ZIP TITLE	P	☐ DELETE	5.1 TI					Change	e
NAME	VAN MIDDELEM, ERIC C. II		5.2 NA					_ •	
STREET ADORESS	1180 N FEDERAL HWY			REET ADO	DRESS				
	POMPANO BEACH FL 33062			TY-ST-ZIF					
CITY-ST-ZIP	TOWN AND BEACHTE GOODE	☐ D€LETE	6.1 TIT					☐ Change	e

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.

6.2 NAME

ERIC VANMIDOEUEM 2/25/99 **SIGNATURE:** 

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90122 006 \*\*\*150.00