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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 626182 1. Corporation Name

VACCARO ENTERPRISES, INC.

1 INIC	ipai r	lace (	or Bus	ИŊ
10820	S.W.	40TH	STRE	ΕT
DAVIE	FL 3	3328		

Mailing Address

# FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90149 046 \*\*\*150.00



	328	10820 S.W. 40TH DAVIE FL 33328			· ·			
					DO NOT WR  3. Date Incorporated or Qualifed	ITE IN THIS S	SPACE	<del>- ,. "</del>
2. Principal	Place of Business	2a. Mailing Addr	ess		06/06/1979			
1		26			4. FEI Number		``\\ \	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #.	etc		59-1923000	<u>.</u>		Not Applicabl
2		27	, 0.0.		5. Certificate of Status Desired			Additional
City & St	ate	City & State				L		Required
3		28			6. Election Campaign Financing		\$5.0	0 May Be
Zip	Country	Zip			Trust Fund Contribution			d to Fees
•	25	29		ountry	8. This corporation owes the curr	ent vear Intan	gible	
	9. Name and Address of Curre	nt Popieters d A	30	<del></del>	Personal Property Tax.		Yes	□No
		iii Registered Agent		+	10. Name and Address of New R	Registered Ac	ent	
WA	RDLAW, STUART C. PA			81 Name				
251	3 N ANDREWS AVE			82 Street Add	dropp (D.O. B., M.			,
	AUDERDALE FL 33311			Olleet Aut	dress (P.O. Box Number is Not Accepta	ible)		
				83	<del></del>			·
				84 City			85 Zip	Code
1. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida	a Statutos, the	<u> </u>	poration submits this statement for the poor is board of directors. Thereby accomp			
agent. I a	egistered agent, or both, in the State	of Florida. Such change	e was authorize	above-named corp ed by the corporati	poration submits this statement for the points board of directors. I hereby accept	ourpose of cha	anging its	s registered
IGNATURE	with, and accept the obliga	tions of, Section 607.05	505, Florida Sta	tutes.	constructions. I hereby accept	t the appointm	ent as re	egistered
IGNATURE	Signature, typed or printed name of registered agen	1. 300 9						
			(NOTE: Registerer	d Agent signature require	<del></del>		<u> </u>	
		D DIDECTOR		O Macur signature require	ed when reinstating)	DATE		
	PD OFFICERS AN	D DIRECTORS	13.		<del></del>	DATE	VIDECTO	NDC IN 40
LE	PU	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D		
LE ME	VACCARO, CHARLES		13.	ITLE	<del></del>	ICERS AND D	DIRECTO	DRS IN 12
LE ME REET ADDRESS	VACCARO, CHARLES 10820 S.W. 40TH STREET		13. ETE 1.1 Ti 1.2 Ni	ITLE AME	<del></del>	ICERS AND D		
LE ME REET ADDRESS Y-ST-ZIP	PD VACCARO, CHARLES 10820 S.W. 40TH STREET DAVIE FL		13. ETE 1.1 TI 1.2 N 1.3 ST	ITLE AME TREET ADDRESS	<del></del>	ICERS AND D		
LE ME REET ADDRESS Y-ST-ZIP	VACCARO, CHARLES 10820 S.W. 40TH STREET DAVIE FL STD	□ DEL	13. ETE 1.1 TI 1.2 N 1.3 ST 1.4 CI	AME TREET ADDRESS	<del></del>	ICERS AND D		
LE ME REET ADDRESS Y-ST-ZIP LE	VACCARO, CHARLES 10820 S.W. 40TH STREET DAVIE FL STD		13. ETE 1.1 TI 1.2 NV 1.3 ST 1.4 CI ETE 2.1 TR	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE	<del></del>	ICERS AND [		
LE ME REET ADDRESS Y-ST-ZIP LE	VACCARO, CHARLES 10820 S.W. 40TH STREET DAVIE FL STD VACCARO, DOLORES	□ DEL	13. ETE 1.1 TI 1.2 NN 1.3 ST 1.4 CI 2.1 TI TI 2.2 NA	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME	<del></del>	ICERS AND [	] Change	Addition
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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