

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90061 042 ***150.00

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DOCUMENT # 839882

1. Corporation Name
VJG HOLDINGS, INC.

Principal Place of Business
500 W ORANGE BLOSSOM TRL
APOPKA FL 32712
US

Mailing Address
500 W ORANGE BLOSSOM TRL
APOPKA FL 32712
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1978

4. FEI Number
36-2748016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 1200 Central Ave

27 Suite, Apt. #, etc.

28 Wilmette, IL

29 Zip Country

30 60091

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DICKES, BYRAM E.
STREET ADDRESS 100 S WACKER DR #1140
CITY-ST-ZIP CHICAGO IL

TITLE CP ☐ DELETE
NAME PUTH, JOHN W
STREET ADDRESS 180 DEWINDT RD
CITY-ST-ZIP WINNETKA IL

TITLE D ☐ DELETE
NAME SHACKELFORD, DONALD
STREET ADDRESS 20 EAST BROAD STREET
CITY-ST-ZIP COLUMBUS OH

TITLE D ☐ DELETE
NAME FOSTER, FRANCIS G.
STREET ADDRESS 3255 PACIFIC AVENUE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE D ☐ DELETE
NAME JAMES, EDWARD R.
STREET ADDRESS 1535 LAKE COOK ROAD
CITY-ST-ZIP NORTHBROOK IL

TITLE P ☒ DELETE
NAME HEARN, CHARLES
STREET ADDRESS 500 W ORANGE BLOSSOM TRL
CITY-ST-ZIP APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Byram Dickes 3/10/99 847-920-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)