## 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 # F07392

1. Corporation Name

VICMAR INTERNATIONAL CORPORATION

Principal	Place	of	Business

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90009 010 \*\*\*150.00



Principal Place of Business	Mailing Address	•		
135 ANCHOR DR VERO BEACH FL 32963	135 ANCHOR DR VERO BEACH FL 32963		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified 11/23/1980	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		59-2043165	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		- 5: Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<del></del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		untry	8. This corporation owes the current year Ir	ntangible
4 25	29 30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
VEROLA, MARINA 135 ANCHOR DR.		81 Name		
		82 Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32963		83		<u>.</u>
•		84 City	FI	L 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change was authorize	d by the corporation	ration submits this statement for the purpose on a board of directors. I hereby accept the apport	of changing its registered pintment as registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME verola, marina e NAME 1.3 STREET ADDRESS 135 ANCHOR DR STREET ADDRESS VERO BEACH FL 32963 1.4 CITY-ST-ZIP CITY-ST-ZIP \_\_ Change ☐ Addition □ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE πιε 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 tipstee 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2F034 /11/98