FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F17007



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State Kathezine Harris Secretary of State

05-04-1999 90023 036 ***150.00

1. Corporation VIRA-TEC							
VIIIA IEC							
Principal Place of Business Mailing Address						014 01011 013011 01041 1)
865 SW 78TH AVENUE 865 S W 78TH AVENUE							
STE 100 STE 100					DO NOT WRITE IN THIS SPACE		
PLANTATION FL 33324 PLANTATION FL 33324					3. Date Incorporated or Qualifed		
U\$		US			01/12/1981		Į.
2 D-111 DI	and of Puninger	2a. Mailing Address			4. FEI Number	Ar	plied For
—	I Place of Business 2a. Mailing Address 26				59-2101667	<u> </u>	ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>-</u>		\$8.75	
22 27					5. Certificate of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added t	
Zip	<u> </u>			_	8. This corporation owes the current year	r Intangible	. /
			30	Personal Property Tax.		XNo.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
HEALEY, DENNIS W				Street Add	dress (P.O. Box Number is Not Acceptable)		
865 SW 78TH AVENUE, STE 100				Office Address (F. C. 20x Manne			
PLAN	NTATION FL 33324		83				1
			84	City		85 Zip (Code .
					•	FL 1	
office or s	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was all	tnorizea nv	THE COPPORA	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its opointment as re	registered gistered
SIGNATURE				·	·	-	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				nt signature requi	ired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/OTANGES TO OTT TOETK	☐ Change	Addition
TITLE	TDSV		1.2 NAME				_
HEALEY, DENNIS W				T ADDRESS			
STREET ADDRESS 865 S W 78TH AVENUE, STE 100				i			
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	ע –		2.2 NAME			_ ,	
NAME	FISCHBEIN, PETER			TADDRESS			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.4 CITY-5		••		
CITY+ST-ZIP TITLE	PLANTATION FL 33324 CP DELETE		3.1 TITLE	31-AF		Change	Addition
	Ur — ·		3.2 NAME			•	
NAME	SMITH, GERALD DDRESS 865 SW 78TH AVENUE, STE 100		I.	T ADDRESS			\
STREET ADDRESS	PLANTATION FL 33324		3.4. CITY-ST-ZIP				Ì
CITY-ST-ZIP	DELETE		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			
			4.4 CITY-S				
CITY-ST-ZIP			5.1 TITLE			Change	☐ Addition
NAME		-	5.2 NAME		•		
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY+S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
			6.3 STREE	T ADDRESS			-

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.

6.4 CITY-ST-ZIP

SIGNATURE: