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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # 1. Corporation Name

F9400006051 (6)

VAR HOLDINGS CORP.

Principal P	lace of Business	

Mailing Address

FILED Mar 25 1998 8:00am Secretary of State



100 SE 2ND STREET. 32ND FLOOR		IND FLOOR						
	•				DO NOT WRITE IN THI	IS SPACE		
					3. Date Incorporated or Qualified			
					11/28/1994			
		2a. Mailing Address	ailing Address		4. FEI Number	Applied For		
21 Suita Ast	# ata	26			65-0533007		ot Applicable	
Suite, Apt #, etc.		— <u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional	
City & State	a	City & State					equired	
23		— ·			6. Election Campaign Financing		May Be	
Zip	Country	28	Count	ru	Trust Fund Contribution		to Fees	
24	25	29	30	,	This corporation owes or has paid the operational Property Tax due June 30.		tangible No	
9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM B1 Name								
1200 S. PINE ISLAND ROAD								
PLANTATION FL 33324			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
٠,٠	WITH TO 1 L 30024		8:	3				
	•							
			84	City	F	85 Zip	Code	
11. Pursuant i	to the provisions of Sections 607.	0502 and 607,1508. Florida Statu	ites the abor	/e-named cor	rooration submits this statement for the purpose	of changing it	te registered	
i ourse or is	egistered agent, or both, in the St	tate of Fiorida. Such change was	autnorizea t	ov the corpora	ation's board of directors. I hereby accept the ap	ppointment as	registered	
	m familiar with, and accept the ot	bligations of, Section 507.0505, F	nonda Statute	98.				
SIGNATURE	Signature, type-1 or pointed name of registored	agent and title if applicable (NC	TE: Registered Ar	oeni signalure regu	uired when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12	
TITLE	CPD	DELETÉ	1.1 TITLE	С	CPD	Change	X Addition	
NAME	LEBOW, BENNETT S	✓ \	1.2 NAME		AMPEN, RICHARD J.	_ •	ハ :	
STREET ADDRESS 100 SE 2ND STREET, 32ND FLOOR		1.3 STREE			777 6 0 .			
CITY-ST-ZIP MIAMI FL			1.4 CITY-	ST-ZIP 1	.00 S. E. Second Street, 3 Miami, FL 33131	Znd FL		
TITLE	٧î	DELETE	2.1 TITLE			Change	Addition	
NAME	VAN SICLEN, JOSELYNN (D	2.2 NAME					
STREET ADDRESS	444 45 4145 455555 4445 5145 5146		2.3 STREE	T ADDRESS			j	
CITY-ST-ZIP	MAMI FL		2. 4 CITY	ST-ZIP		• /	l	
TITLE	\$	DELE te	3.1 TITLE	3	D	Change	☐ Addition	
NAME	BELL, MARC N		3.2 NAME			~ \	į	
STREET ADDRESS	100 SE SECOND ST., 32N	D FLOOR	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP				
TITLE	AS	DELETE	4.1 TITLE			☐ Change	Addition	
NAME	BALOG, ANDREW	,	4. 2 NAME					
STREET ADDRESS	100 SE 2 ST 32 FL		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	ST-21P				
TITLE	AS	DELETE	5.1 TITLE			Change	☐ Addition	
NAME	KIRKLAND, III J BRYANT	, ,	5.2 NAME					
STREET ADDRESS	100 SE 2 ST 32 FL		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-	ST-ZIP				
TITLE	V	DELETE	6.1 TITLE			Change	Addition	
NAME	LAMPEN, RICHARD J	• •	6.2 NAME			-		
STREET ADDRESS	100 SE 2 ST 32 FL		6.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL		6.4 CiTY-					
44 I barabu a	att at at at a total at the transition of the tr	to a series						

I hereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation or Block 12 or Block 13 if changed, or on a A filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ual report it true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee shipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in