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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90012 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005769**

1. Corporation Name
V.A.W. OF AMERICA, INC.

Principal Place of Business

ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428

Mailing Address

ROUTE 209
P.O. BOX 667
ELLENVILLE, NY 12428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

14-1782202

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	V	<input checked="" type="checkbox"/> DELETE
NAME	NOLL, GUNTER	
STREET ADDRESS	3683 CRAZY HORSE TRAIL	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILCOX, JAMES F	
STREET ADDRESS	14 RUMSEY STREET	
CITY-ST-ZIP	PORT JERVIS NY 12771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHIRNER, JOCHEN	
STREET ADDRESS	KIEFERNWEG 16	
CITY-ST-ZIP	KONIGSWINTER, GERMANY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, MANFRED F	
STREET ADDRESS	25 AVISTA CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOBBE, KARL-DIETER	
STREET ADDRESS	MAXIMILLIANSTRASSE 2	
CITY-ST-ZIP	BONN, GERMANY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRYRING, ALBERT F	
STREET ADDRESS	3597 RED CLOUD TRAIL	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRAUN, Dieter Johann
1.3 STREET ADDRESS	ReichensteinStr 47C
1.4 CITY-ST-ZIP	D 53844 Troisdorf GERMANY
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	UNGER, Thomas
2.3 STREET ADDRESS	Judenpfad 30
2.4 CITY-ST-ZIP	50996 Köln GERMANY
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (changed) or on an attachment with an address, with all other like empowered.

SIGNATURE:

James F Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

WILCOX, VP-Finance

4/1/99 9146477510

Daytime Phone #

CR25024 (11/98)