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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G01142

(0)

V & R ENTERPRISES, INC.

CITY-ST-2F

STREET ADDRESS

SIGNATURE:

TITLE

FILED Feb 18 1997 8:00am Secretary of State

Change

Daytime Phone #

Addition

| Draginal Diag | o of Business | 14 | ailing Addross | | | | | |
|--|--|---------------|---------------------|--------------|-------------|--------------------|---|--|
| Principal Place of Business Mailing Address | | | | | | | | |
| 25900 SW 132ND PLACET 25900 SW 132ND PLACE PRINCETON FL 33032 PRINCTON FL 33032-8886 US US | | | | i | , | | | |
| | | | | | | | 3. Date Incorporated or Qualified | |
| 2. Principal P | lace of Business | 2a. | Mailing Address | | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | | | 59-2225625 Not Applicat | |
| Suite, Apt | #, etc | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| City & Stat | е | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | ., | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | <u> </u> | Zip | ├ ──¬ | ountry | | 6. This corporation has liability for intangible tax under s. 199.032, | |
| 24 | 25 | 29 | A | 30 | | | Florida Statutes Yes No | |
| | 9. Name and Address of Curre | nt Regis | tered Agent | | 81 | Name | 10. Name and Address of New Registered Agent | |
| | ncan, susan price | | | | 61 | Name | · | |
| | 15 63RD LANE N | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | |
| WE | ST PALM BEACH FL 33412 | | • | | 83 | | | |
| | | | | | 03 | | | |
| | | | | | 84 | City | 85 Zip Code | |
| | | | | | | | poration submits this statement for the purpose of changing its registeredition's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and trie | if applicable (NO | TE. Register | red Age | nt signature requi | ired when reinstating) DATE | |
| 12. | OFFICERS A | ND DIREC | CTORS | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PST | DELETE 1.1 | | TITLE | | Change Additi | | |
| NAME | PRICE, VILMA O | | | 1.2 | NAME | | | |
| STREET ADDRESS | 25900 SW 132 PL | | | 1.3 | STREET | ADDRESS | | |
| CITY-ST-2IP | PRINCETON FL | | | 1.4 | CITY-S | i - ZIP | | |
| TITLE | GMV | | | TITLE | | Change Additi | | |
| NAME | PRICE, ROBERT M | | | 2.2 | NAME | | | |
| STREET ADDRESS | 25900 SW 132 PL | | | 2.3 | STREET | ADDRESS | · | |
| CITY - S1 - 70P | PRINCETON FL | | | | CITY- | ST-ZIP | | |
| TITLE | | | DELETE | 3.1 | TITLE | | Change Additi | |
| NAME | | | | 3.2 | NAME | | | |
| STREET ADDRESS | | | | 33 | STREET | ADDRESS | | |
| CITY - ST - ZIP | | | | | CHY- | ST-ZIP | | |
| TITLE | | | ☐ DELETE | 1 | TITLE | - 1 | Change Additi | |
| NAME | | | | - 4 | NAME | | | |
| STREET ACORESS | | | | • | | ADDRESS | | |
| CITY-ST-ZIP | | | | | CITY-S | it-zip | | |
| F-TLE | | | DELETE | - 1 | TITLE | | Change Addit | |
| NAME | 1 | | | | NAME | | | |
| ALOSSI LISTORGO | 1 | | | 1 5 9 | PADLET | A ORDECC | | |

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. Los hereby certify that the information supplied with this filing does not quality 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE