

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

FILED

Jan 14 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **G34586** (9)

1. Corporation Name:
VAB-MARK ASSOCIATES, INC.

Principal Place of Business:
**3232 EMBASSY DR
WEST PALM BEACH FL 33401
US**

Mailing Address:
**3232 EMBASSY DR
WEST PALM BEACH FL 33401-1024
US**



3. Date Incorporated or Qualified: **04/06/1983**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number:
59-2286926

Applied For:
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERNICK, VIDA
3232 EMBASSY DRIVE
WEST PALM BEACH FL 33401**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PDS** ☐ DELETE
NAME: **PERNICK, VIDA**
STREET ADDRESS: **3232 EMBASSY DR**
CITY-ST-ZIP: **WEST PALM BEACH FL**

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: **DS** ☐ DELETE
NAME: **PERNICK, BONNIE**
STREET ADDRESS: **18021 BISCAYNE BLVD.**
CITY-ST-ZIP: **N. MIAMI BCH. FL**

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: **D** ☐ DELETE
NAME: **PERNICK, ANDREA**
STREET ADDRESS: **3631 N. PROSPECT DR.**
CITY-ST-ZIP: **MIAMI FL**

3.1 TITLE: ☒ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS: **6505 SW 92 Street**
3.4 CITY-ST-ZIP: **Miami, FL 33156**

TITLE: **DT** ☐ DELETE
NAME: **PERNICK, MARK**
STREET ADDRESS: **1579 HUNT CLUB CT.**
CITY-ST-ZIP: **ROCK HILL SC**

4.1 TITLE: ☒ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS: **1460 Basin Terrace**
4.4 CITY-ST-ZIP: **Garden City, SC 29576**

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do 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.

SIGNATURE:

Vida Pernick (VIDA PERNICK) 1/18/97 (561) 684-3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)