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

PROFIT: **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

VINMAR SOUTH, INC.						
Principal Place of Business	Mailing Address					
% MARVIN MEHLMAN 1900 S. OCEAN BLVD. S-15G POMPANO BEACH FL 33062	% Marvin Mehlman 1900 S. Ocean Blvd. S-15G Pompano Beach Fl. 33062					
		3. Date Incor				
		03/09/19				
2. Principal Place of Business	2a. Mailing Address	4. FEI Numbe				
21	26	59-2391				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate				
City & State	City & State	6. Election Ca				
23	28	Trust Fund				

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90026 032 ***150.00



Principal Place	e of Business		Mailing Address .					
% MARVIN MEHLMAN								
					DO NOT WRITE IN THIS SPACE			
POMPANO BEA	CH FL 33062	F	POMPANO BEACH FL 33062					
	*.					3. Date Incorporated or Qualifed 03/09/1984	i I	ļ
2. Principal P	lace of Business	. 2	a. Mailing Address			4. FEI Number		Applied For
14		26	ק			59-2391861		Not Applicable
Suite, Apt.	# etc.	-	Suite, Apt. #, etc.				\$8.7	5 Additional
201101	., 2.0.	27				5. Certifcate of Status Desired		e Required
City & State City & State				6. Election Campaign Financing	¢ 5	00 May Be		
	,	20	28			Trust Fund Contribution Added to Fo		
Zip	Country	20	Zip	Country	<i>y</i>	8. This corporation owes the cur		
		, P	n ' — — —	¬ '	,	Personal Property Tax.	Yes	MNo
24)	9. Name and Address	of Current Box		<u>υ;</u>		10. Name and Address of New	···	
	a. Name and Address of	or Current Reg	istered Agent .	81	Name	to, Italic and Address of Non-		
MEH	ILMAN, MARVIN		•	"	110,	<u> </u>		
				82	Street A	ddress (P.O. Box Number is Not Accept	able)	
	1900 S. OCEAN BLVD SUITE 15G							E AN ADMINISTRAÇÃO
				83	1			
PUM	IPANO BEACH FL 33062			84	City	<u>स्त्री तक प्रतिकृति तो ।</u> स्त्री तक स्त्रीतिक	85	Zip Code
					′	•	FL	·
office ör r agent. I a	registered agent, or both, in maintain with, and accept to the control of the con	the State of Flo	rida. Such change was autt	norized by	the corpor	orporation submits this statement for the ation's board of directors. I hereby acceptations	pt the appointment a	s registered
01011751 0111	Signature, typed or printed name of re	gistered agent and ti	tle if applicable. (NOTE: Ri	egistered Age	int signature req	quired when reinstating)	DATE	
12.		CERS AND DIF		13.		ADDITIONS/CHANGES TO OF		
TITLE	PD And a Market	* h	☐ DELETE	1.1 TITLE	ļ		☐ Cha	nge 🗀 Addition
NAME.	MEHLMAN, MARVIN			1.2 NAME				
STREET ADDRESS	1900 S. OCEAN BLVD	#15G		1.3 STREE	TADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY- 9	ST-ZIP	· · ·		
TITLE	STD		☐ DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	MEHLMAN, ROSALIE			2.2 NAME		•		
STREET ADDRESS		#15G		23 STREE	T ADDRESS			
	POMPANO BEACH FL		•	2. 4 CITY-				j
CITY-ST-ZIP	POINTAINO DEACHTE		☐ DELETE	3.1 TITLE	\$1-ZIF		Cha	nge Addition
TITLE	Carlotte Barrell			3.2 NAME		•		
NAME	g reserve							ļ
STREET ADDRESS	3.45%				T ADDRESS	· · · · · · · · · · · · · · · · · · ·	自任法院的	grang (d. l
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		, , , , , , , , , , , , , , , , , , ,	TTI A delition
TITLE		•	☐ DELETE	4.1 TITLE			. Cha	nge : Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	TADDRESS			· i
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	<u> </u>		
TITLE .		12.17	☐ DELETE	5.1 TITLE			☐ Cha	nge
NAME				5.2 NAME			4	, ,
STREET ADDRESS		-		5.3 STREE	TADDRESS	•		,
	PL		* .	5.4 CITY-5	ST-ZIP		·.	
CITY-ST-ZIP	Thomas .	1	□ DELETE	6.1 TITLE			☐ Cha	nge Addition
	B. 14 . X.V. 5 . V	The state of the		6.2 NAME			<u> </u>	
NAME .	\$64.7 (19)				T ADDRESS	4 g *		
STREET ADDRESS	en e	.	•	0.3 STREE	I ADDKESS			

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 suppliemental 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.