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

DOCUMENT # H91034

VBQ. INC.

Principal Place of Business

Mailing Address

4326 S.W. LEIGHTON FARM AVE. 4326 SW LEIGHTON FARMS AVE PALM CITY FL 34990

4326 S.W. LEIGHTON FARM AVE. 4326 SW LEIGHTON FARMS AVE PALM CITY FL 34990

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90123 043 ***150.00



DO NOT WRITE IN THIS SPACE	

3. Date Incorporated or Qualifed

12/20/1985

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		L Ar	oplied For		
21 4256	SW Leighton Farm	26 4256 SW Lei	ahtus Faen	1 59-26347	72	~ No	ot Applicable		
Suite, Apt.	#, etc. Ave		J	5. Certifcate of	Status Desired		Additional equired		
City & State	Oty FL	City & State	Ly El	6. Election Can Trust Fund C	paign Financing	•	May Be to Fees		
23 Palm Zip	Country	Zip	Country	8. This corpora	ion owes the current year		□No		
24 3499		29 34990 30	USA	Personal Pro	·				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HR Hur G. Out III 4326 SW LEIGHTON FARMS AVE PALM CITY FL 34990 83 PALM CITY FL 34990									
Palm City FL 85 Zip Code 34990									
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 statement for the purpose of changing its registered of the corporation									
SIGNATURE Signature typed for pristed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/C	HANGES TO OFFICERS		DRS IN 12		
TITLE	DVST	☑ DELETE	1,1 TITLE	D, V, S, T	AA	Change	Addition		
NAME	QUINN, ARTHUR G. JR		1.2 NAME	Virginia Qu	unn Merrit	Γ			
STREET ADDRESS	4326 SW LEIGHTON FARMS		1.3 STREET ADDRESS	4295 SW L	udlum St.				
CITY-ST-ZIP	PALM CITY FL		1.4 CiTY-ST-ZiP	Palm City	dum St. FL 34990				
TITLE	PD	DELETE	2.1 TITLE		- 	Change	Addition		
NAME	QUINN, ARTHUR G. III		2.2 NAME						
STREET ADDRESS	4342 CHESAPEAKE BAY	ļ.	2.3 STREET ADDRESS	,	•				
	STUART FL		2. 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	STOAIN IL	☐ DELETE	3.1 TITLE			Change	☐ Addition		
NAME			3.2 NAME				}		
			3.3 STREET ADDRESS				1		
STREET ADDRESS		Į.	3.4. CITY-ST-ZIP						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	☐ Addition		
TITLE			4 2 NAME			-	_ \		
NAME									
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			[] Change	Addition		
TMLE		□ pere ie	5.1 ITTLE 5.2 NAME						
NAME		•	5.3 STREET ADDRESS						
STREET ADDRESS			5.3 STREET AUDRESS						
CITY-ST-ZIP			6.1 TITLE			Change	Addition		
TITLE		☐ DELETE	6.2 NAME		•	. Clande			
NAME					,;		ļ.,		
STREET ADDRESS			6.3 STREET ADDRESS			•			
CITY_ST_7IP			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 if changed, or in an attachment with amountain and other like empowered.

SIGNATURE: