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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J75854

1. Corporation	n Name							
VM INDUSTRIES, INC.								
VIVI IIVD	3011 ii LO, 1140.				I FANTIFE DEL FRANCE	181 38182 BUIS BIRG		(E)1 0181) 1881
Principal Place	e of Business	Mailing Address				iei ieiųi viili viol v	IDII BIBIR BREKI DIBII BI	DIF FIFIL (D)
1700 NW 22ND		4956 NW 108 TERR						
#6 & 7 CORAL SPRINGS FL 33076								
POMPANO BEACH FL 33069 US					DO N	OT WRITE IN 1	THIS SPACE	
US					3. Date incorporated or 0	Qualifed		
					06/01/1987		· · · · · · · · · · · · · · · · · · ·	
-	lace of Business	2a. Mailing Address			4. FEI Number		}_ 	olied For
21		26			<u>59-2833368</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	esired 🗌	\$8.75 A Fee Red	
22 City 8 Ct-1		City & State						·
City & State City & State				6. Election Campaign Financing \$5.00 May Be			- 1	
23				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes	•		JNO
24	25	29 30			Personal Property Tax 10. Name and Address of			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of	or New Registe	red Agent	
MOI	LICA, VINCENT							
4956 NW 108 TERR				Street	dress (P.O. Box Number is Not	Acceptable)		
CORAL SPRINGS FL 33076			83	ļ				
				i				
				City			FL 85 Zip C	ode
44 Dureuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above	-named	rnoration submits this statemen			registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was autho	orized by	the corp	tion's board of directors. I here	by accept the a	ppointment as reg	istered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	nistered Ager	t signature i	ired when reinstating)	DAT	E	<u> </u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS	S AND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE 1.1 T					Change	Addition
NAME	MOLICIA, VINCENT		1.2 NAME		lollica, Vincen	.+ <i>CSF</i>	elling for	د/ ا
STREET ADDRESS	A STATE OF THE STA		1.3 STREET		, ,			
CITY-ST-ZIP	CODAL OPPINION FL COORS		1,4 CITY-S					1
TITLE			2.1 TITLE				Change	Addition
NAME	MOLLICA, VINCENT, JR							_
STREET ADDRESS			2 3 STREET	ADDRESS				{
	CORAL ADDITION EL COUTA		2.4 CITY-S					
CITY-ST-ZIP TITLE	COTAL SI HINGO I E 33070	DELETE 3.17		1-21		-	☐ Change	Addition
			3.2 NAME					<u></u>
NAME				ADDDESS				
STREET ADDRESS			33 STREET					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	i-ZIP			☐ Change	Addition
TITLE		U DELLIE	4.1 TITLE				onungo	المانانية ال
NAME			4.2 NAME					j
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		Delere	4.4 CITY-S	T-ZIP				Addition
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					ļ
CITY-ST-ZIP			5.4 CITY-S	Γ-ZIP				j

14. Thereby 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 annowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, opon an attachment with an open like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3/11/99 954-752-5382

Change

☐ Addition

CD0F097 /11/00