FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90158 018 ***158.75

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

D	OCL	JME	NT	#	. 17	Q:3	3	2
_				• •	u	JU	U	J

Corporation	VEST LIMITED, INC.	Mailing Address 1312-7 MARKET CIRCLE	<u> </u>				
#7		#7			DO NOT WRITE IN THE	S SPACE	
PORT CHARLOT	TE FL 33953	PORT CHARLOTTE FL 33953 US			3. Date Incorporated or Qualifed		1
U\$		03			•		
					06/17/1987	1 1 4	- Lind Fan
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-2830950		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired.	\$8.75 A	
22		27					
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year li		
24	25	29	<u> </u>		Personal Property Tax.		© No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	D, DENNIS J		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	-7 MARKET CIRCLE			out out readings () is a post realist of the company			
POR	T CHARLOTTE FL 33953		83				į
						85 Zip C	
			84	City	F	L 85 Zip C	YOUR
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes	the above	le-named come	oration cubmits this statement for the DUIDOSE	of changing its	registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida: Such change was auth pation of, Section 607.0505, Florida	orized by Statutes	the corporation	on's board of directors. I hereby accept the app	OILINNALII 92 LAČ	gistered
SIGNATURE	- Name do	1 Dennis	7 4	60	d when reinstating) 3 -// DATE	· / /	}
	Signature typed or printed name of registered ag		gistered Ager	nt signature required	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
12.		ND DIRECTORS	11 TITLE		ADDITIONS/CHANGES TO CIT TOLETO	Change	Addition
TITLE	VSD	C) Dette le					_
NAME	LOTID, DETAILO G.		1.2 NAME				\
STREET ADDRESS	4138 YUCATAN CIRCLE		1.3 STREET	T ADDRESS			Į
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CTY-S	T-ZIP			☐ Addition
TITLE	PTD	☐ DELETE	2.1 TITLE		'	Change	☐ Addition
NAME	LORD, ETHEL		2.2 NAME				
STREET ADDRESS	4138 YUCATAN CIRCLE		2.3 STREE	TADDRESS	•		
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-5	T-ZIP		- ·	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		j	3.3 STREET	ADDRESS			
			3.4. CITY- S	1			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	Addition
			4 2 NAME				
NAME			ĺ	T ADDRESS			
STREET ADDRESS						•	
CITY-ST-ZIP			4.4 CITY-S	1-217	<u> </u>	Change	☐ Addition
TITLE		□ pereie	5.1 TITLE 5.2 NAME		·		
NAME				T 4000500			•
STREET ADDRESS	}			TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ OELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
}	•		6.3 STREE	TADDRESS			
STREET ADDRESS							

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 on an attachment with an address, with all other like empowered.

SIGNATURE: