08091999-90004-030-\$550.00-\$550.00

Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90004 030 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

VOREN'S AVIARIES, INC.

rincipal Place of Business	Mailing Addres
N HOWARD VOREN	% HOWARD V
538 "E" RD	1538 °E' RD
OXAHATCHEE FL 33470	LOXAHATCHE

Principal Place	e of Business		Mailing	Address								
% HOWARD V	OREN			ARD VOREN]				
1538 "E" RD			1538 TE	-				DO NOT WRIT	F IN THIS	SPACE		
LOXAHATCHEE FL 33470			LOXAN	LOXAHATCHEE FL 33470				3. Date Incorporated or Qualified	_ #4 11.10	- riot		
-								07/15/1988				
2. Principal Pi	lace of Russian	99	2a. Mail	ing Address				4, FEI Number			Applied	For
· ·	MOR OI DESING	33	26					65-0113093			Not Ap	plicable
Suite, Apt.	# etc			a, Apt. #, etc.						\$8.7	5 Addit	ional
22	T, 000.		27					5. Certificate of Status Desired		Fee	Requir	ed
City & State	•			8: State			<u> </u>	=e,-Election Compaign Financing=		\$5 .	OO: No.	/Be===
23	-		28					Trust Fund Contribution	<u> </u>	Add	ed to Fe	105
Zip	T	Country	Zip		Cou	ntry		8. This corporation owes the curre		,	σ	
24	2	5	29		30			Intangible Personal Property.		Yes	No	
	9. Name a	nd Address of Current	t Registered	Agent			 	10. Name and Address of New R	egistered /	Agent		
	DEN 11704141	on				81	Name					
	REN, HOWAI	NU UI				82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)			
	18 "E" RD Kahatchee	El 22470										
LOX		FL 934/0				83						
						84	City		FL	85	Zip Code	-
•	 	449 4594	450 000 450	NO FILLE Charles			named corpora	tion submits this statement for the ou	mose of ch	analna it	s registe	red
11. Pursuant	t to the provision registered age	ons of sections 607.0002 At, or both, in the State	of Florida. Si	uch change was	es, me ab authorized	d by	the corporation	n's board of directors. I hereby accep	t the appoir	ment a	s registe	red
agent. I a	am temliae Wit	h, and accept the oblig	tions of, sec	tion 607.0505, Fi	orida Stat	utes.	•	ation submits this statement for the pun's board of directors. I hereby accept	812/	43		
SIGNATURE	Rose		<u> </u>					red when reinstating)	DATE	/		
12.	Stonettre, typed or	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRE	CTORS	N 12
TITLE	PD			DELETE	1.1 711	ΠLE				Char		Addition
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1 1	,	RD		DELETE	1.3 57	REET /				Char	19e 🛄	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	1538 E	RD		DELETE	1.3 ST 14 CF 2.1 TII 2.2 NA CF 2.3 ST 1.3 ST 1.3 ST 1.4 CF 4.1 TII 4.2 NA 4.3 ST 1.4 CF 5.1 TII 5.2 NA 6.5 ST 1.5	REET/ TYST- TLE TYST- TLE TYST- TLE TYST- TLE TYST- TLE	ADDRESS ADDRESS ADDRESS	-		Char	nge 🗆	Addition Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I haneby 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 ennual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as regidined by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an eddress.

SIGNATURE REQUIRED