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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K28770

VODSCO CONSULTANTS, INC.

FILED									
Feb 08, 1999 8:00am									
Secretary of State									

02-08-1999 90049 004 ***150.00



						<u> </u>	1 3 1	8 8 8 8 8 8 8 8 8 8	1881 BIBN 1881	
Principal Place of Business Mailing Address										
20335 W COUNTRY CLUB DR 20335 W COUNTRY CLUB DR						1		•		
APT 1509 APT. 1509 MIAMI FL 33180-1622 MIAMI FL 33180-1622					DO NOT WRITE IN THIS SPACE					
MIAMI FL 33180-1622 MIAMI FL 33180-1622 US US							3. Date Incorporated or Qualifed			
						07/19/1988				
2. Principal F	Place of Business	2a. Mailin	g Address		-1-	4. FEI Number		Ar	plied For	
					65-0064918	•	No.	t Applicable		
Suite, Apt	# etc		Apt. #, etc.					\$8.75		
	. 	27				5. Certifcate of Statu	us Desired	Fee Re		
22 27 City & State City &			State		-	6. Election Campaig	n Financing —	\$5.00	May Be	
→ '		28				Trust Fund Contri	-	•	to Fees	
Zip	Country	Zip		Count	гу		owes the current year Ir	ntangible		
− ₁ `	25	29	[a	30	•	Personal Property		∐Yes	□No	
24)	9. Name and Address of Curre			1			ess of New Registered	l Agent		
				8	1 Name				•	
SILV	/ers, ellen dee			<u>_</u>	_		A1-4 A(-11-X		•	
∀∂∂ 150i	O SAN REMO BLVD			8	2 Street Add	ress (P.O. Box Number is	Not Acceptable)			
	TE 206			8	3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76-68-166	- (1 5/8) 16 (1	
	MI FL 33146							温纳温		
intr-				8	4 City	1 41 9 3 7 4	7 300 T \$60 F M	85 Zip	Code	
200 · 100 / 10	t to the provisions of Sections 607.0		O Elista Otata			aration automita this state	mont for the purpose of	of changing its	registered	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS				gent signature require		DATE NGES TO OFFICERS A	ND DIRECTO		
TITLE	PD		☐ DELETE	13.	· ·	157 396		☐ Change	☐ Addition	
NAME	SILVERS, MEL			1.2 NAM	E	, , , , , , , , , , , , , , , , , , , ,				
STREET ADDRESS	SOOR W. COURTON OLLID DI	RIVE		1.3 STRE	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL	· · · · · ·		1.4 CITY						
TITLE	TD		DELETE	2.1 TITLE				Change	Addition	
NAME	RIBOTSKY, MARVIN			2.2 NAM	E					
STREET ADDRESS				1	ET ADDRESS					
	MIAMI FL	Nime &		2.4 CIT	,					
CITY-ST-ZIP TITLE	IMPANI L	<u> </u>	DELETE	3.1 TITLE				Change	Addition	
	(83) N. C. C.			3.2 NAM						
NAME	हु हैस्तर स्थित स्थार				EET ADDRESS					
STREET ADDRESS	3							門門語		
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		☐ DELETE	3.4. CITY 4.1 TITLE	'-ST-ZIP		4 4 4 4 4 4	. ☐ Change	Addition	
TITLE						- 18 -			— ,,	
NAME		235		4. 2 NAM						
STREET ADDRESS	s	7 F •			EET ADDRESS		-			
CITY-ST-ZIP		J_{i} .	O DELETE		-ST-ZIP	· 		Change	Addition	
TITLE	· ·		☐ DELETE	5.1 TITU		.,		□ cuange		
NAME				5.2 NAM		21 - 440				
STREET ADDRESS	s .				EET ADDRESS	خياه والا				
CITY-ST-ZIP	160	. ,		5.4 CITY		<u> </u>				
TITLE	0.042 13 E	19	☐ DELETE	6.1 TITL	1			Change	Addition	
NAME	2387 4 3 4 5 5 5 17			,6.2 NAM						
STREET ADDRESS	s 📜 🔭			6.3 STR	EET ADDRESS					
14	al francisco			C 4 CFD/	. CT. 73D					

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