FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90010 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05316

1. Corporation Name

VETTE I	/ CORPORATION						 	 	
Principal Place	a of Business	Mailing Address				(1005:101; 1019 8818; 01:80 1110; 11010 E11; #fb(I BIBII #fBII BIBII #	{	
6399 142ND AVENUE N 6399 142ND AVENUE N						.• .			
SUITE 101 SUITE 101						•			
CLEARWATER FL 33760 CLEARWATER FL 33760					Ì	DO NOT WRITE IN THIS SPACE			
us us					- 1	3. Date Incorporated or Qualifed		1	
						07/27/1989			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For	
21 26						<u>√59-2960103</u>		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	—			5. Certificate of Status Desired	\$8.75 /		
22			27			5. Certificate of Status Desired Fee Required			
City & Stat	e	Citý & State				6. Election Campaign Financing	\$5.00 Added t	-	
23	· · · · · · · · · · · · · · · · · · ·	28	Cou	ntn.		Trust Fund Contribution	_	(0 rees	
Ζiρ	Country	Zip	r—	riury		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No	
24	25 9. Name and Address of Curre	29 Agent	30			10. Name and Address of New Registere			
	9. Name and Address of Curre	ut kadizisian Ağanı		81 Name		IV. Hame and Address of Now Registers			
GORBY, ROBERT				\ \ \ \ \	Gor	rby, Robert			
6399 142ND AVENUE NORTH, SUITE 101				82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 33760				l Brightwaters Cir. N.E.					
CLL	AMAZETTE COTO			*3		•	•		
				84 City		/Deterohura F		Code	
				St	PETERSONIC	- 1	704		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by the corpo	ration	ration submits this statement for the purpose 's board of directors. I hereby accept the app	oointment as re	gistered	
SIGNATURE						when reinstating) DATE		\	
<u> </u>	Signature, typed or printed name of registered age		_ - -	Agent signature re	equired w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12	
12.		ND DIRECTORS	13. 1.1 TII	15			☐ Change	Addition	
TITLE	PST DORENT			Į.		ST			
NAME	GORBY, ROBERT					Gorby, Robert			
STREET ADDRESS				1.3 STREET ADDRESS 6		3399 142nd. Ave. N. Suite 101 Clearwater, FL 33760			
CITY-ST-ZIP	6399 142ND AVENUE N ST 33		_	ry-st-zip	C.	learwater. FL 33/50) ☐ Change	☐ Addition	
TITLE		☐ DELETE	2.1 111				[_] Gridingo		
NAME			2.2 NA						
STREET ADDRESS			2.3 ST	REET ADDRESS					
CITY-ST-ZIP		. — d = d =		TY-ST-ZIP		الم المنظم المنظ	- ' Change	Addition	
TITLE		DELETE	3.1 TII				- Change		
NAME	•		3.2 NA					İ	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			_	TY-ST-ZIP			☐ Change	☐ Addition	
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NAME	· ·		4. 2 N	Į.				ł	
STREET ADDRESS	•		4.3 ST	REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP				Addition	
TITLE		☐ DELETE	5.1 TT				☐ Change		
NAME		•	5.2 NA			•			
STREET ADDRESS			•	REET ADDRESS				Ì	
CITY-ST-ZIP		<u> </u>		TY-ST-ZIP					
TITLE	}	☐ DELETE	6.1 TT	Į.			☐ Change	☐ Addition	
NAME		•	6.2 NA					Í	
STREET ADDRESS			6.3 ST	REET ADDRESS				ì	

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 adverse, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4-2-99