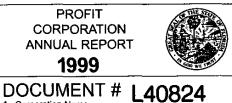
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90035 007 ***150.00



VILO EN	ITERPRISES, INC.						
Principal Plac	e of Business	Mailing Address			i todisbit dir esam deret meta trem aran ar	#16 #1#11 #1#11 #1#11 #	160 8180 1801
4265-C TAMIAMI TRAIL CHARLOTTE HARBOR FL 33980 4265-C TAMIAMI TRAIL CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980			990		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/03/1990		
<u> </u>		2a. Mailing Address			4. FEI Number	Αρ:	plied For
¬ ·	Place of Business	├ ¬			1	L	t Applicable
21	46' -4-	Suite, Apt. #, etc.			65-0185057	60.75	
Suite, Apt.	#, etc. •	27			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year		
24	25	29 3	0		Personal Property Tax.		□No
<u></u>	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	ea Agein	
OVE	RN, LAWRENCE		82		ress (P.O. Box Number is Not Acceptable)		
2179 PAGODA LANE			l°2	Street Addi	ess (F.O. Box Number is Not Acceptable)		
PUNTA GORDA FL 33983			83	3	•		
			84	,		-L 85 Zip C	
office or i	registered agent, or both, in the State am familiar with, and accept the obligation .	e of Florida. Such change was aut ations of, Section 607.0505, Florid	norized by la Statutes	the compration	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	opointment as reç	jistered
49	Signature, typed or printed name of registered age	ND DIRECTORS	f3.	sit signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD OFFICERS AI	DELETE	1.1 TITLE		ABBITIONS STRUCTURE TO STRUCTURE	Change	Addition
	OVERN, LAWRENCE E.		1.2 NAME				- }
NAME			Ŀ	ET ADDRESS			İ
STREET ADDRESS				· -			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE			Change	Addition
TITLE	I-		2.2 NAME	1		•	-
NAME.	OVERN, VIVIAN M.						ļ
STREET ADDRESS		-		TADDRESS	· .,	٠. ٠	
CITY-ST-ZIP	PORT CHARLOTTE FL	☐ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP		Change	☐ Addition
TITLE		_ Delete	3.2 NAME				
NAME]			ET ADDRESS			}
STREET ADDRESS			3.4. CITY-		•		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	Addition
TITLE			4, 2 NAME				_
NAME.	· ·			T ADDRESS			1
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE			Change	Addition
TITLE	,	·	5.2 NAME	I		□ +·····•	
NAME .				ET ADDRESS			
STREET ADORESS	"		5.4 CITY-				ļ
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			☐ Change	Addition
	1		6.2 NAME	.	•		-
NAME STREET ADDRESS	ļ		6.3 STREE	ET ADDRESS			1
	• 1		_				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP