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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L53278

(2)

| DOCUMENT # L53278 (2) 1. Corporation Name | | | | | | |
|--|---|---|------------------------|----------------------------------|---|---|
| VERY V | /IDEO, INC. | | | | | |
| Principal Place of Business Mailing Address | | | | | i iffæltfilt får bring min nam rene. | (1811 9131) |
| 3891 STIRLING BLVD STE 4W FT LAUDERDALE FL 33312 US | | 3891 STIRLING BLVD STE 4W FT LAUDERDALE FL 33312 US | | | | |
| | | | | | | |
| | | | | | Date Incorporated or Qualified 02/27/1990 | 3a. Date of Last Report 08/08/1995 |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 1 | | 26 | | | 65-0147873 | Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| Oily & State | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zψ | Country | Zφ | Country | • | 8. This corporation has liability for Florida Statutes Yes | |
| 24 | 9, Name and Address of Curre | 29 | [30] | | 10. Name and Address of New F | |
| | 9. Name and Address of Curre | int Registered Agent | 81 | Name | | |
| MOSS, NINA R. | | | 82 | Stroot Add | iress (P.O. Box Number is No: Acceptable) | |
| | HILLS DR #401 | | 02 | Sireer Add | Street Address (r.o. box Namos is No. recovasor) | |
| HOLLYWOOD FL 33021 | | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| | | | | <u> </u> | oration submits this statement for the pu | FL 89 74, Code |
| or register familiar wit | ed agent, or both, in the State of FIG th, and accept the obligations of, Se | origa, Soon Change was admini oLon 607.0505, Florida Statute | ized by the cons | JOI BROFFS COX | and or careetes or more by except and approximation | |
| SIGNATURE . | Signature, typed or printed name of registried age | | Of: Hop cored Age | nt signature requir | at when resulting | DATE FICERS AND DIRECTORS IN 12 |
| 12. | | | | | ADDITIONS/CHANGES TO OT | Change Addition |
| TITLE | DPV | MOSS, NINA R. | | | | |
| NAME | 3900 N HILLS DR #401 | | | 1 ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | HOLLYWOOD FL | | 1.4 CITY- | 1 | | |
| TITLE | ST | DELETE 2 | | | | Change Addition |
| NAME | MOSS, NINA R. | | 2.2 NAME | ľ | | |
| STREET ADDRESS | 3900 N HILLS DR #401 | | | F ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | - · | 2.4 CITY - 3.1 TiTU | | | Change Addition |
| TITLE | | | | l . | | |
| NAME | 33 | | 3.2 NAME 3.3 STRE | E1 ADDRESS | | |
| STREET ADDRESS | | | 3 4 CITY | | | |
| CHY-ST-ZIP TITLE | | | 4 1 TiTL | | | Change Addition |
| NAME | 4.4 | | 4.2 NAM | f | | |
| STREET ADDRESS | | 4.3 | | ET ADDRESS | | |
| CITY - \$1 - ZIP | | | 4 4 CHTY | | | Change Addition |
| TITLE | | ☐ DELETE | 5 1 1011 | | | □ Filange □ Requirers |
| NAME | <u> </u> | | . 52 NAM | ì | | |
| STREET ADORESS | 5 | | | E1 ADDRESS | | |
| CITY-ST-ZIP | TILE DELETE | | | 5.4 CITY - ST-ZIP | | ☐ Change ☐ Addition |
| THILE | | | 6.2 NAM | | | |
| NAME OTHERS ADDRESS | | | li li | EET ADDRESS | | |
| STREET ADDRESS | i | | s a city | . ST. 7IP | | |
| CITY-ST-ZIF | by certify that the information sucide | ed with this filma is voluntarily f | urnished and d | oes not qualif | y for the exemption stated in Section 11 | 9.07(3)(k), Florida Statutes. I further |

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

NINA MOSE SIGNATURE: MAL TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)