Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90018 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L84815 1. Corporation Name

V SYSTE	EMS, INC.						
Principal Place	e of Business	Mailing Address			, tegrigis est is in edition in each		
607 BARCELONA COURT 1227 S PATRICK DR SATELLITE BEACH FL 32937 STE 112							
					DO NOT WRITE IN THIS SPACE		
		SATELLITE BCH FL 32937 US			3. Date Incorporated or Qualifed		
		US			06/29/1990		
2 Principal P	Igon of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
2. Principal Place of Business 21 1227 5. Patrick W. 26					65-0218193	<u></u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22 Swite # 112 27					5. Certifcate of Status Desired	Fee Red	quired
City & Stat		-City-&-State			6: Electron Campaign Financing	\$5:00	May Be
23 Satellite Beach, FL 28					Trust Fund Contribution	Added to	
	<u> </u>	Zip	Country		8. This corporation owes the current year		
Zip 329	37 ₂₅ USA	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
VILARDEBO, KENNETH M				Street Ad	Idress (P.O. Box Number is Not Acceptable)		
607 BARCELONA CT.							
SAT	ELLITE BEACH FL 32937		83				
			84	City		. 85 Zip C	ode
			04	City	F		,000
l office or r	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by a Statutes	tne corpora	proporation submits this statement for the purpose ation's board of directors. I hereby accept the applications of the proporation of the proporat	of changing its i	registered pistered
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	n signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	PC OFFICERS AND	DELETE	1.1 TITLE		ADDITIONA/DITANGES TO GITTOENS	Change	Addition
TITLE	VILARDEBO, KENNETH M	D DELETE	1.2 NAME				_
NAME	ANT DAROELONG OT			T ADDRESS			
STREET ADDRESS	1						
CITY-ST-ZIP	SATELLITE BEACH FL 32937	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219		Change	Addition
TITLE	D ANGELINA	C bettere	•			٠	_
NAME	VILARDEBO, ANGELINA		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS:			1				
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2.4 CITY-1	ST- ZIP		Change	- Addition
LTITLE	-VTSD	Deter		`		. La commande	
NAME	VILARDEBO, KIMBERLEY		3.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			TADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		3.4. CITY-ST-ZIP			□ Change	Addition
TITLE		☐ DELETE	4.1 TITLE]			L ACOUNT
NAME			4. 2 NAME				
STREET ADDRESS	DDRESS 4.3		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		F1.01	□ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	5.1 TITLE	ì		Change	Addition

6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR

☐ DELETE

Change

Addition