Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable -\$8.75 Additional

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 # L95629

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

23

24

Zip

VI. & LE INCORPORATED

Principal Place of Business	Mailing Address				
7135 W. HWY 98 PANAMA CITY BEACH FL 32407	7135 W. HWY 98 PANAMA CITY BEACH FL 32407				
2. Principal Place of Business	2a. Mailing Address				
D 11 - 4 - 4 - 4 -	Suite, Apt. #, etc.				
22					
City & State	City & State				

28

29

Zip

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90149 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/23/1990 4. FEI Number

59-3023115

LE, HIEU TRUNG 7135 W. HWY. 98 PANAMA CITY BEACH FL 32407			81	Name	Name				
			82	Street	Street Address (P.O. Box Number is Not Acceptable)				
			02	Sueec					
			83	1	- This is a side				
			ļ <u>.</u>			05 7:-	Code		
			84	City	Fl	85 Zip (Lode		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Res	nistered Age	nt signature	required when reinstating) DATE		 }		
12.	OFFICERS AND DIRECTORS	(11012:110)	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
TITLE	P	DELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME	DUC-HIEN N. VU		12 NAME				ĺ		
STREET ADDRESS	1810 PLANTATION DR.		1.3 STREE	TADDRESS	S .		-		
CITY-ST-ZIP	LUC CLIANICO LA		1.4 CITY-5	ST-ZIP					
TITLE	V	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	HIEU TRUNG LE		2.2 NAME				ļ		
STREET ADDRESS	114 PALM BAY BLVD			T ADDRESS	s .				
CITY-ST-ZIP	PANAMA CITY BEACH FL	•	2. 4 CITY-			-			
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME			3.2 NAME				Ì		
STREET ADDRESS			3.3 STREE	T ADDRESS	5				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	_				
TITLE		☐ DELETE.	4.1 TITLE			Change	☐ Addition		
NAME	•	i	4, 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS	s		,		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition \		
NAME			5.2 NAME				}		
STREET ADDRESS			5.3 STREE	ET ADDRESS	S				
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition		
NAME '			6.2 NAME				ľ		
STREET ADDRESS		ĺ	6.3 STREE	ET ADDRESS	S.				
CITY-ST-ZiP			6.4 CITY-S						
14. I hereby o	ertify that the information supplied with this filing does	s not qualify for the	e exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further consture shall have the same legal effect as if made und	rtify that the	information I am an		

Country

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of the corporation of the corporation of the receiver of the true of the corporation of the receiver of the true of the corporation of the receiver of trustee amounted 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.