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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005755

1. Corporation Name

THE VELLA PERFORMANCE ENSEMBLE, INC.

FILED

99 NOV -8 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1640 NORTHEAST 4TH PLACE #3  
FORT LAUDERDALE FL 33301

Mailing Address

1640 NORTHEAST 4TH PLACE #3  
FORT LAUDERDALE FL 33301



FINSTATEMENT 99

2 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30			

9. Name and Address of Current Registered Agent

BERKSTRESSER, SHANNON  
1640 NORTHEAST 4TH PLACE #3  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: SHANNON BERKSTRESSER

(NOTE: Registered Agent signature required when resigning)

10/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BERKSTRESSER, SHANNON	1.2 NAME	MEREDITH BARRY
STREET ADDRESS	1640 NORTHEAST 4TH PLACE #3	1.3 STREET ADDRESS	5660 NW 98 WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	D	2.1 TITLE	T
NAME	BLOOM, SALLY M	2.2 NAME	LESLIE R. JONES
STREET ADDRESS	224 NORTHWEST 91ST AVENUE	2.3 STREET ADDRESS	9565 NW 27 CT
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D	3.1 TITLE	
NAME	BASTANZI, KIM	3.2 NAME	700003053257-9
STREET ADDRESS	10082 TWIN LAKES DRIVE	3.3 STREET ADDRESS	-11/23/99--01061-167
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	*****175.00 *****175.00
TITLE		4.1 TITLE	
NAME		4.2 NAME	700003053257-9
STREET ADDRESS		4.3 STREET ADDRESS	-11/23/99--01061-008
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON BERKSTRESSER

9/30/99

954-525-3032

Daytime Phone #

0036249

CR2E037 (11/98)