CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P000000 83582 DOCUMENT #

FILED 01 APR -5 AM 10: 24

Voc	Voco Enterprises, Inc.				SECRETARY/OF STATE TABLAHASSEE: FLORIDA
Principal Pla	incipal Place of Business Mailing Address				· ·
2080	NW 2nd Ave	2080	Nu) 2	nd Ave	{
#6	And Ho	_	1000 2		
-	0-1 1=1	# 6 Base	Rola	~ F).	DO NOT WRITE IN THIS SPACE
විඥා	Raton, Fl. 33431	Boca	1010	32021	3. Date Incorporated or Qualifed
2 Principal	Place of Business	Do Mailing Added		33431	September 5 2000
	riace of Business	2a. Mailing Addre	ess		4. FEI Number Applied For Not Applicable
1 Suite, Apt	# etc	26	etc		\$8.75 Additional
22		27	J. (J.		5. Certificate of Status Desired Fee Required
City 8-Sta	No-	City & State			6. Election Campaign Financing \$5.00 May Be
23		28		-	Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
Spie	gel + Utrera.	P.A.		81 Name	Jim Tax Service Irc.
200	1	• • • •		82 Street A	STITUTE STATE
347	"Almeria Ave	3			ddress (P.O. Box Number is Not Acceptable) 2080 NW (2000 Portron Blvd # 6
Coral	Gables, Fl.	33134		83	Boca Raton Florida
WI WI		00101		84 City	
				[FL 1 33431
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 obligation of Section 607.0805; Florida Statutes.					
agent. I am familiar with, and accept the obligation 607, Spetion 607,					
SIGNATURE					
	Signature, typed or printed name of registered agent			ered Agent signature req	(
12.	Director	DIRECTORS		13. .1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	James G. Mullin,		1	2 NAME	
STREET ADDRESS	2080 NW Boca Raton	Blud +6		3 STREET ADDRESS	_
CITY-ST-ZIP	Boca Raton, Fl. 2	33431		A CITY-ST-ZIP	
TITLE		□ DE		1 TITLE	☐ Change ☐ Addition
NAME				2 NAME	400003993414 2
STREET ADDRESS				3 STREET ADDRESS	
CITY-ST-ZIP	}			4 CITY-ST-ZIP	****150.00 ****150.00 \
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CITY-ST-ZIP	.			4. CITY-ST-ZIP	
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STREET ADDRESS			4.	3 STREET ADDRESS	
CITY-ST-ZIP			4.	4 CITY-ST-ZIP	
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NAME			Ł	2 NAME	
STREET ADDRESS			1	3 STREET ADDRESS	
CITY-ST-ZIP	 			4 CITY-ST-ZIP	
TITLE		C DEL		1 TITLE	☐ Change ☐ Addition
NAME				2 NAME	SP
STREET ADDRESS	}		6.3	3 STREET ADDRESS	Or
CITY OT 31D	}		1.	4 CITY-ST. 7IP	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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR