## 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 # P92000004311

VP MAINTENANCE, INC.

| Principal Place of Business                        |  | Mailing Address                                |                       |                 | n liff fill filt i sim i skill fir genit mærter me | ### <b>##</b> ###############################                        | .211 <b>0+000</b> 11101 1 | 11901 /101 1961             |            |
|--|--|--|-----------------------|-----------------|--|--|---------------------------|-----------------------------|------------|
| 11140 S DIXIE HWY<br>HOBE SOUND FL 33455<br>US     |  | 11140 S DIXIE HWY<br>HOBE SOUND FL 33455<br>US |                       | 3               | DO NOT WRI   |  | SPACE                     |                             |            |
|  | ·  |  |                       |                 | "  | 11/09/1992   |                           |                             | •          |
| 2. Principal Place of Business 2a. Mailing Address |  |  |                       |                 | 4.   | FEI Number   |                           | TAp                         | plied For  |
| 21   |  | 26   |                       |                 | 65-0368242   |  | - <del></del>             | t Applicable                |            |
| Suite, Apt. #, etc.                                |  | Suite, Apt. #, etc.                            |                       | -               |  |  | \$8.75 A                  | Additional                  |            |
| 22   |  |  |                       | 5.              | Certifcate of Status Desired                       | Ш  | Fee Re                    | <u> </u>                    |            |
| · City & State                                     |  | City & State                                   |                       | - 6.            | Election Campaign Financing                        |  | ~\$5.00·                  |                             |            |
| 23   |  | 28   |                       |                 | Trust Fund Contribution                            |  | Added to                  | o Fees                      |            |
| Zip  | Country  | Zip  | Country               |                 | 8.   | This corporation owes the cur  | rent year Inta            |                             | □No        |
| 24   | 25   | 29 30  | <u>'</u>              |                 | 10   | Personal Property Tax.  Name and Address of New I                    | Registered A              |                             |            |
|  | 9. Name and Address of Current   | r Registered Agent                             | 81                    | Name            | 10.  | Hame and Address of Herr   | rtogistorou /             |                             |            |
| PEPITONE, VICTOR                                   |  |  |                       |                 |  |  |                           |                             | -          |
|  | S.E. MARINA BAY DRIVE  |  | 82                    | Street A        | Address (F   | P.O. Box Number is Not Accept  | able)                     |                             |            |
| HOBE SOUND FL 33455                                |  |  | 83                    |                 |  |  |                           |                             |            |
|  |  |  | 84                    | City            |  |  |                           | 85 Zip C                    | Code       |
| ,  |  |  |                       |                 |  |  | <u>FL</u>                 |                             |            |
| office or re                                       | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat | of Florida. Such change was auth               | onzed by              | tne corpor      | corporatio<br>oration's b                          | n submits this statement for the<br>pard of directors. I hereby acce | pt the appoin             | manging its<br>tment as reg | gistered   |
| SIGNATURE  | Signature, typed or printed name of registered agent   | at and title if applicable. (NOTE: Re          | cistered Ager         | nt signature re | equired when                                       | reinstating)   | DATE                      |                             |            |
| 12. OFFICERS AND DIRECTORS                         |  |  | 13.                   |                 |  | ADDITIONS/CHANGES TO OF  | FFICERS AN                | D DIRECTO                   | RS IN 12   |
| TITLE  | P  | ☐ DELETE 1.1 π                                 |                       |                 | -  |  | ,                         | Change                      | ☐ Addition |
| NAME   | PEPITONE, VIC  |  | 1.2 NAME              |                 |  |  |                           |                             |            |
| STREET ADDRESS                                     | 8872 SE MARINA BAY DR.   |  | 1.3 STREET            | TADDRESS        |  |  |                           |                             |            |
| CITY-ST-ZIP  | HOBE SOUND FL 33425  |  | 1.4 CITY-S            | T-ZIP           |  |  |                           |                             |            |
| TITLE  | <b>V</b> .   | ☐ DELETE                                       | 2.1 TTLE              |                 |  |  |                           | Change                      | Addition   |
| NAME   | PEPITONE, BERNADETTE   | 2.2 NA   |                       |                 |  |  |                           |                             |            |
| STREET ADDRESS                                     | 8872 SE MARINA BAY DR.   |  |                       | TADDRESS        |  |  |                           |                             |            |
| CITY-ST:ZIP.                                       | HOBE SOUND FL 33425  |  | 2. 4 CITY-S           | ST-ZIP          |  | <del></del>  |                           | TT 055555                   | Addition   |
| TITLE ,  | T  | ☐ DELETE                                       | 3.1 TITLE             |                 |  |  |                           | Change                      | ☐ Addition |
| NAME   | PEPITONE, VICTOR   |  | 32 NAME               |                 |  |  |                           |                             |            |
| STREET ADDRESS                                     | 8872 SE MARINA BAY DR.   |  | 3.3 STREET            | TADDRESS        |  |  |                           |                             |            |
| CITY-ST-ZIP  | HOBE SOUND FL 33425  |  | 3.4. CITY- S          | T-ZIP           |  |  | ····                      | Change                      | Addition   |
| TITLE  | S  | ☐ DELETE                                       | 4.1 TITLE             |                 |  |  |                           |                             |            |
| NAME   | PEPITONE, CHRIS  |  | 4, 2 NAME             |                 |  |  |                           |                             |            |
| STREET ADDRESS                                     | OUT OF INVITATION DATE OF  |  |                       | T ADDRESS       |  |  |                           |                             |            |
| CITY-ST-ZIP  | HOBE SOUND FL 33425  | ☐ DELETE                                       | 4.4 CITY-S            | T-ZIP           |  | <del></del>  |                           | ☐ Change                    | Addition   |
| TITLE  |  | ☐ <u>nere</u> ie                               | 5.1 TITLE<br>5.2 NAME |                 |  |  |                           |                             |            |
| NAME   |  |  | 5.3 STREE             | T ANDRESS       |  |  |                           |                             |            |
| STREET ADDRESS                                     |  |  | 5.4 CITY+S            |                 |  |  |                           |                             |            |
| CITY-ST-ZIP  |  | ☐ DELETE                                       | 6.1 TITLE             | (-AF            |  | <u> </u>   | *****                     | ☐ Change                    | Addition   |
| TITLE  |  |  | 62 NAME               |                 |  |  |                           |                             |            |

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 suppliemental 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 change or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90023 004 \*\*\*150.00