## 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 # P92000011236

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE	801 LAUREL OAK DRIVE
STE 710	STE 710
NAPLES FL 34108	NAPLES FL 34108
US	US

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90134 021 \*\*\*158.75

i. Corpo	ration Name					
VASC	CO INVESTMENTS, INC.					# 1981/000 (10 HEND 110) DENI 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 001/1 00
Principal	Place of Business	Mailing Address				
	el oak drive	801 LAUREL OAK DRIVE				, <u>, , , , , , , , , , , , , , , , , , </u>
STE 710 Naples f	1 24109	STE 710 Naples FL 34108				DO NOT WRITE IN THIS SPACE
US	:	US				3. Date Incorporated or Qualifed
	••					12/11/1992
2. Princij	pal Place of Business	2a. Mailing Address				4. FEI Number . Applied For
21	•	26				65-0378396 Not Applicable
	Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	<u> </u>					Fee Required
City &	State	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible
24		29	30			Personal Property Tax.   ▼ Yes No
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		ļ		10. Name and Address of New Registered Agent
	WAARUURA 4450 1			81	Name	a
	WOODWARD, MARK J			82	Street	et Address (P.O. Box Number is Not Acceptable)
	801 LAUREL OAK DR			L		
` <b>.</b>	STE 710			83		
	NAPLES FL 34108			84	City	85 Zip Code
				1	,	FL   !
11. Purs office agen	uant to the provisions of Sections 607.050 e or registered agent, or both, in the State nt. I am familiar with, and accept the obliga	02 and 607.1508, Florida Sta e of Florida. Such change was ations of, Section 607.0505, F	tutes, the a s authorized Florida Stat	bove d by tutes	e-named the corpo	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATI	URE Stanature, typed or printed name of registered age	ent and title if explicable (NC	TF: Registere	d Ager	nt signature r	re required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 T			Sphange Addition
NAME	WOODWARD, MARK J		1.2 N	AME		D/P Jange J Addition
STREET ADD		ń	1.3 S	TREET	ADDRESS	s
CITY-ST-ZIP	*** =	<b>U</b>		ITY-S		
TITLE	D	☐ DELETE	2.1 T		,-21	☐ Change ☐ Addition
NAME	PIRES, ANTHONY P		2.2 N			
STREET ADD		n	i i		TADDRESS	ss
CITY-ST-ZIF		•		CITY-S		
TITLE	INCLUSION L	☐ DELETE	3.1 T			☐ Change ☐ Addition
NAME		<b>—-</b>	3.2 N			
STREET ADD	norce .				TADDRESS	ss
CITY-ST-ZIP		☐ DELETE		3.4. CITY-ST-ZiP 4.1 TITLE		☐ Change ☐ Addition
NAME				NAME		
	20520				T ADDRESS	-e
STREET ADD						90
CfTY-ST-ZIP	<u>'</u>	[] DELETE	4.4 C	πγ-s m e	1-212	Change Additio
TITLE			5.11 52N			

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Change