SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 JUL -6 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000054223 (1)**

1. Corporation Name
V.E.T., INCORPORATED

Principal Place of Business
4213 68 STREET
RIVIERA BEACH FL 33404

Mailing Address
4213 68 STREET
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified: **07/30/1993**
3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
ZIP — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
ZIP — 29 — County — 30

4. FEI Number: **65-0424417** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Electronic Corporate Records and Trust Fund Transfer Authorization ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TRUDELL, VINCENT E
4213 68 STREET
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

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: Vincent E Trudell — 6/28/95
Signature, typed or printed name of registered agent and the date signed. NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	13. TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	
D TRUDELL, VINCENT E 4213 68 STREET RIVIERA BEACH FL 33404	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained 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.

SIGNATURE: Vincent E Trudell — 6/28/95 — 407-795-0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

0001760 CP