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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000054389

1. Corporation Name
VEGHTE & ASSOCIATES, INC.



Principal Place of Business 1715 EAST BAY DR B LARGO FL 33771 US	Mailing Address 1715 EAST BAY DR B LARGO FL 33771 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1993	4. FEI Number 59-3196676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 418 MIDWAY ISLAND Suite, Apt. #, etc.	2a. Mailing Address 26 418 MIDWAY ISLAND Suite, Apt. #, etc.
22	27
23 City & State CLEARWATER	28 City & State CLEARWATER, FL
24 Zip 33767 25 Country US	29 Zip 33767 30 Country US

9. Name and Address of Current Registered Agent

VEGHTE, BRUCE B
 3660 EAST BAY DR #922
 STE. E8
 LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name VEGHTE BRUCE B
82 Street Address (P.O. Box Number is Not Acceptable) 418 MIDWAY ISLAND
83
84 City CLEARWATER
85 Zip Code FL 33767

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 *Bruce B. Veghte* **BRUCE B. VEGHTE** 4/29/99
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VEGHTE, BRUCE B
STREET ADDRESS	3660 EAST BAY DR #922
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VEGHTE, BRUCE B <small>CHANGE OF ADDRESS</small>
1.3 STREET ADDRESS	418 MIDWAY ISLAND
1.4 CITY-ST-ZIP	CLEARWATER, FL 33767
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Bruce B. Veghte* **BRUCE B. VEGHTE** 4/29/99 722-669-7890
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)