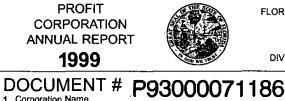
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90081 031 ***150.00

VAM, INC.							
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Principal Place of Business Mailing Address						- 5 JOB STORM TER SERVE CTIVE BOUCH BOTTS CONTEST CONTRIBUTED CONT	
3300 PGA BLVD 3300 PGA BLVD							
620 SUITE 620							
PALM BCH GDNS LF 33410-2811 PALM BCH GDNS FL 33410-811				1		DO NOT WRITE IN THIS SPACE	
US US						3. Date Incorporated or Qualifed	1
						10/13/1993	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied	f For
21 26				, "10 11 11 1		65-0456002 Not Ap	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>			5-Certificate of Status Desired \$8.75 Addit	27.7
22 27						Fee Require	ed
City & State City & State						6. Election Campaign Financing \$5.00 May	Be
28						Trust Fund Contribution Added to Fe	es
Zip Country Zip			Cou	Country		8. This corporation owes the current year Intangible	
24	25 29 30				·	Personal Property Tax.	lo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
COWIE, PETER V				82	Street Addr	Idress (P.O. Box Number is Not Acceptable)	
3300 PGA BLVD				-	Oli bel Addi	areas (1.5. Dox Hallison to Hat Hasephable)	į
SUITE 620				83			
PALM BCH GDNS FL 33410-2811				Ļ			
				84 City		FL 85 Zip Code	'
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				bove	e-named corp	reporation submits this statement for the purpose of changing its regis	stered
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	VSTD	☐ DELETE	1.1 Τ	TLE			Addition
NAME	**********			AME	1		
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NAME 5	14 5 6 1 Car W.		6.2 NA			_ Juliye _	
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STREET ADDRESS			0.3 81	REEI	TADDRESS)		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: