PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000592

Principal Place of Business	Mailing Address
2807 JOHIO SHORES RD.	2807. JOHIO SHORES RD.
OCOEE FL 34761	OCOEE FL 34761
US	US

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90065 024 ***150.00

VEES AN	ND COMPANY, INC.								
Principal Place	e of Business	Mailing Address				(100;100;)(<u>0</u> 10;() 016;1 90;() 00	(il gu ili e e lii e	1 6 114 4.0 1 0 1 0 3111	
2807 JOHIO SH	HORES RD.	2807. JOHIO SHORES RD.			ļ				
OCOEE FL 34761 OCOEE FL 34761 US US						DO NOT WRITE IN THIS SPACE			
05		US				3. Date Incorporated or Qualifed			
			,			12/23/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		_ -	oplied For
11		26				<u>59-3214926</u>	_ 		ot Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired			Additional equired
27				—	6. Election Campaign Financing			May Be	
City & State City & State				ļ	Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cour	itry		8. This corporation owes the curr	ent year inta	angible	
24	25	29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	Registered	Agent	
				81 Name					ļ
	S, PAUL		t	82 Street A	Addres	s (P.O. Box Number is Not Accepta	able)		
	7 Johio Shores RD Dee Fl 34761		1	83					
000	DEE FL 34701			03					
	•		Ī	84 City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was aut	norizeo	DV the corpo	oration	's board of directors. I hereby acce	ot the appoi	ntment as re	egistered
SIGNATURE		ANOTE: E				the ministra	DATE	2-1	L
	Signature, typed or printed name of registered agen			Agent signature re	equired w		DATE FICERS AN	D DIRECTO	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: R	13.		equired w	hen reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
12. TITLE	OFFICERS AN	D DIRECTORS	13.	.E	equired w				
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14. I hereby certify that the information supplied with this filling 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 suppremental 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:

SIGNING OFFICER OR DIRECTOR

407-299-5700