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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90066 028 ***150.00

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DOCUMENT # P9400005198

1. Corporation Name

VSW CONSULTING SERVICES, INC.

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Principal Place of Business		Mailing Address	Mailing Address			- P IOBIIODI IID IBIIK BIQI	I Bu hil Gu hif Gu hir Ku l	FI DORRE DELDI AUDI	I ICIDI (DIL IDEI
6794 GIRALDA CR. BOCA RATON FL 33433 6794 GIRALDA CR. BOCA RATON FL 33433					DO NO	T WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qu			
						01/12/1994			
—	ipal Place of Business	2a. Mailing Address				4. FEI Number	-	Ar	optied For
21	But Make	26				65-0462121			ot Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Des	ired 🗆	•	Additional equired
City 8	& State	State City & State				6. Election Campaign Fina Trust Fund Contribution	incing -	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes to	ne current year l	ntangible	
24	25		30		4	Personal Property Tax.		Yes	□No
	9. Name and Address of C	urrent Registered Agent	81			10. Name and Address of	New Registere	d Agent	
	SHORE, VERNA		0	i Na	me		,		
	6794 GIRALDA CIR		82	2 Str	eet Addre	ess (P.O. Box Number is Not A	Acceptable)		
	BOCA RATON FL 33433		83	3		•			
			84	Cit	У		F	85 Zip (Code
								<u> </u>	
offic	suant to the provisions of Sections 607 se or registered agent, or both, in the S nt. I am familiar with, and accept the o	State of Florida. Such change was at	uthorized by	the c	ned corpo corporation	oration submits this statement n's board of directors. I hereby	for the purpose of accept the app	ointment as re	registered gistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)