## 6-3-97 B-7725 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State \*\*
DIVISION OF CORPORATIONS

DOCUMENT # P94000017852 (2)

VLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

## FILED Jun 03 1997 8:00am Secretary of State



8380 N.W. 32ND ST. MARGATE FL 33083				5320 N.W. 32ND ST. MARGATE FL 33063-1509																	
										Date Inc		ed or (	Qualifi	ed		Date (			oort		
2. Principal P	lace of Busin		2a. Mailing Address					4,	FEI Nun								Арр	lied For			
21				26					- <u> </u> ; :	65-04	72502	<u> </u>					<u></u>		Applicable	3	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27					Certifica	ite of Sta	itus D	esired					5 Ac Req	lditional uired			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees												
Zip 24		Country 25		Zip Coun 29 30				<i>'</i>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes											
	9, Name	and Address of	Current Re	gistered Ag	ent					10.	Name a	nd Add	ress c	f Nev	Reg	istere	d Age	nt			
	ighausen						81	Na	ame												
	) N.W. 32N IGATE FL 3						St	reet Addr	ress (P.O. Box Number is Not Acceptable)												
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							84	Ci	ty	<del>.</del>					$\vec{\psi}$	FI	8	<b>5</b> Z	ip Co	ode	-
17. Pursuant	to the provis	ions of Sections 6	07.0502 an	d 607.1508,	Florida Statu	ites, the	abov	L e-na	med corp	ooratio	n submit	s this sta	temer	1 for t	he pu	rpose	of ch	angir	g its	registered	$\dashv$
office or r agent. I a	egistered ag m f <b>am</b> iliar wi	ent, or both, in thi th, and accept th	e State of F e obligation	Iorida. Such is of, Section	change was 607.0505, Fi	authoriz Iorida St	ed by atutes	y the s.	corporati	tion's b	ooard of	directors	. I her	eby a	ccept	I the ap	opoint	tment	as re	gistered	1
SIGNATURE																					
Signature, typed or printed name of registered agont and title if appricable						OTL Registered Agent #			nature require	red when	reinstating)					DATE					╝.
12.	OFFICERS AND DIRECTORS					13	٠.				ADDITIO	NS/CHAI	NGES	TO 0	FFICE	ERS AN					_ 8
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4. I do 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.