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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACCOMAGE 18

Corporation	Name	040010				
V.V.V. HO	OLDING COMPANY, INC.					
	, .			E NORMORE HER FOLK OF COME CONTRACTOR	. Ar ius Ca llu Cului Cului (Ca llu i)	
Principal Place	e of Business	Mailing Address				
4099 TAMIAMI 1	trail north	4099 TAMIAMI TRAIL NORTH				
SUITE 305		SUITE 305		DO NOT WRITE	E IN THIS SPACE	
Naples FL 339 Us	163	NAPLES FL 33963 US		3. Date incorporated or Qualifed		
		••		06/21/1994		- 1
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	ır
21	•	26		65-0777662	Not Applica	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	al
22	•	27		5. Certificate of Status Desired	Fee Required	
City & State	e · · .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25		30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent	81 Name A	10. Name and Address of New Re	egistered Agent	
SCHI	ברעדבם וחבו ע בפח			LASP Inc.		
SCHECHTER, JOEL H ESQ CUMMINGS & LOCKWOOD			82 Street Addr	ress (P.O. Box Number is Not Acceptable Town Am.)	North	
!	TAMIAMI TRL N		83 L. L.	Janjans 1/2011	70019 Y	
	LES FL 34103		83 4th	Floor_		
, 1979			84 City A / A	PLES.	FL 85 34003	
44 Bussiant	to the marinism of Sections 607.0602	and 607 1609 Florida Statutos		aution submits this statement for the o	urnose of changing its register	ha
II. Pursuani	to the provisions of Sections of 10302	f Florida Cuel change was and	thorized by the corneration	on's board of directors. I bereby accent	the appointment as registered	
office or re	egistered agent, or both, in the state of	r Florida. Such change was aut	dionzed by the corporation	on a poard of directors. I flordby dooopt		
office or re agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes.	on's board of directors. I hereby accept	7-99	
office or re agent. I as SIGNATURE	shert 1. Kolu	ent 1/	da Statutes. Registered Agent signature require	<u> </u>	27-99 DATE	- }
į	signalus, typed or printed rame of registered agent OFFICERS AND	and title if applicable. (NOTE: F		<u> </u>	27- 99 DATE	-
SIGNATURE	Signatus, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	ixi when reinstating)	27- 99 DATE	-
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature required	ixi when reinstating)	27- 77 DATE ICERS AND DIRECTORS IN 1	-
SIGNATURE 12. TITLE	Signalue, typed or printed fame of registered agent OFFICERS AND	and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	ixi when reinstating)	27- 77 DATE ICERS AND DIRECTORS IN 1	-
SIGNATURE 12. TITLE NAME	Signalua, typed or printed rame of registered agent OFFICERS AND PSTD COLOSIMO, JAMES R	end title if applicable. (NOTE: F) D DIRECTORS D DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ixi when reinstating)	DATE ICERS AND DIRECTORS IN 1 Change Ad	12 Idition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signakue, typed or printed fame of registered agent OFFICERS AND PSTD COLOSIMO, JAMES R 4099 TAMIAMI TRAIL N, #305	and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ixi when reinstating)	27- 77 DATE ICERS AND DIRECTORS IN 1	12 Idition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signatus, typed or printed rame of registered agent OFFICERS AND PSTD COLOSIMO, JAMES R 4099 TAMIAMI TRAIL N, #305 NAPLES FL	end title if applicable. (NOTE: F) D DIRECTORS D DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ixi when reinstating)	DATE ICERS AND DIRECTORS IN 1 Change Ad	- I2 Idition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

JOHN-DOINGE