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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000048644

1. Corporation Name

**V & R INCORPORATED** 

| Principal Place of Business  |                  |              |  | М   | Mailing Address                                    |             |           |        |                            |                 | 1  |  |             | •              |              |                |               |            |  |
|--|------------------|--------------|--|---|--|-------------|-----------|--------|----------------------------|-----------------|--|--|-------------|----------------|--------------|----------------|---------------|------------|--|
| 4925 SOUTHERN BLVD.<br>WEST PALM BEACH FL 33415                    |                  |              |  | 4925 SOUTHERN BLVD.<br>WEST PALM BEACH FL 33415 |  |             |           |        |                            |                 |  |  | =           |                |              |                |               |            |  |
|  |                  |              | W  |   |  |             |           |        | DO NOT WRITE IN THIS SPACE |                 |  |  |             |                |              |                |               |            |  |
|  |                  |              |  |   |  |             | -         |        |                            |                 | 3.                                       | 06/29/1994                             |             | ilifed         |              |                |               |            |  |
| 2. Principal Pl  | lace of Busin    | ness         |  | 2a  | . Mailing Addı                                     | ress        |           |        |                            |                 | 4.                                       | . FEI Number                           |             |                |              |                | App           | lied For   |  |
| 21   |                  |              |  | 26  |  |             |           |        |                            |                 |  | 65-051112                              | 2           |                |              |                |               | Applicable |  |
| Suite, Apt.  | #, etc.          |              |  |   | Suite, Apt. #                                      | etc.        |           |        |                            |                 | 5  | . Certifcate of S                      | tatus Desir | ed             |              | <b>—</b> —     |               | dditional  |  |
| 22   |                  |              |  | 27  |  | <del></del> | ·sr       |        |                            |                 |  |  |             | <u> </u>       |              | <u> </u>       | ee Rec        |            |  |
| City & State   |                  |              |  | $\perp$   | City & State                                       |             |           |        |                            |                 |  | 6. Election Campaign Financing         |             |                |              |                | \$5.00 May Be |            |  |
| 23   |                  |              |  | 28  | <del>  -   -   -   -   -   -   -   -   -   -</del> |             |           |        |                            |                 |  | Trust Fund Contribution Added to F     |             |                |              |                |               | Fees       |  |
| Zip  |                  | <u>ب</u> د   | ountry   | <u> </u>  | Zip  | ſ           | Cou       | ntry   |                            |                 | 8.                                       | this corporation                       |             | e currer       | nt year inta | angible<br>Ver |               | □No        |  |
| 24   |                  | 25           |  | 29  |  |             | 30        |        |                            |                 | 1  | Personal Prop<br>Name and Ac           |             | Jour Dr        | oletered /   |                |               |            |  |
|  | 9. Name          | and A        | Address of Current   | t Regis   | stered Agent                                       |             |           | 81     | Na                         | me              | 10                                       | ). Name and Ac                         | IGTESS OF F | IEW KE         | Bistoien v   | -tgent         | -             |            |  |
| KAD  | ADIA VADA        | AHS          |  |   |  |             |           | ١,     | 140                        | iiie            |  |  |             |                |              |                | · ·           |            |  |
| KAPADIA, VARSHA<br>4925 SOUTHERN BLVD.<br>WEST PALM BEACH FL 33415 |                  |              |  |   |  |             |           | 82     | Str                        | eet Addre       | ress (P.O. Box Number is Not Acceptable) |  |             |                |              |                |               |            |  |
|  |                  |              |  |   |  |             |           | 83     |                            |                 |  |  | <del></del> |                |              | —              |               |            |  |
| 110  | I I ALIN DI      |              | 1 5 00410  |   |  |             |           | *3     |                            |                 |  |  |             |                | _            |                |               |            |  |
|  |                  |              |  |   |  | •           |           | 84     | Cit                        | у               |  |  |             |                | FI           | 85             | Zip C         | ode        |  |
|  |                  |              | ,  |   |  |             |           |        |                            |                 |  |  |             |                |              |                | na ite        | registered |  |
| office or re   | enistered an     | ient or      | f Sections 607.0502<br>both, in the State of<br>accept the obligat | of Flori  | ida Such char                                      | ide was au  | utnorized | DV I   | tne c                      | ned corporation | oratio<br>on's b                         | on submits this s<br>board of director | s. I hereby | accept         | the appoir   | itment         | as reg        | istered    |  |
| SIGNATURE  |                  |              |  |   |  |             |           |        |                            |                 |  |  |             |                | · .          |                |               |            |  |
| - CICITATION L   | Signature, typed | or printe    | d name of registered agen  |   |  | (NOTE:      |           | Agent  | t signa                    | tura required   |  |  |             | ~ ~==          | DATE         | D 015          | ECTO          | DC IN 12   |  |
| 12.  |                  |              | OFFICERS AN  | D DIRE  |  | ELETE       | 13.       |        |                            |                 |  | ADDITIONS/CH                           | IANGES I    | 3 OFFI         | ICERS AN     |                | nange         | Addition   |  |
| TITLE  | D                |              |  |   |  | CLEIC       | 1.1 TR    |        |                            |                 |  |  |             |                |              |                | idingo        | (          |  |
| NAME I   | KAPADIA          |              |  |   |  |             | 1.2 NA    |        |                            |                 |  |  |             |                |              |                |               |            |  |
| STREET ADDRESS   |                  |              | RN BLVD.   |   |  |             | 1         |        | FADDR                      | RESS            |  |  |             |                |              |                |               |            |  |
| CITY-ST-ZIP  | WEST PA          | <u>ILM B</u> | EACH FL 33415  |   | <del></del>  | NEC         | 1.4 CI    |        | T-ZIP                      |                 |  |  |             |                |              |                | hange         | ☐ Addition |  |
| TITLE .  |                  |              | •  |   | 11.  | DELETE      | 2.1 TF    |        |                            | -               |  |  |             |                |              |                | iai iĝo       | ☐ Voquo(i) |  |
| NAME :   |                  |              |  |   |  |             | 2.2 NA    |        |                            |                 |  |  |             |                |              |                |               |            |  |
| STREET ADORESS   |                  |              |  |   |  |             | 2.3 \$1   | REET   | ADOR                       | ESS             |  |  |             |                |              |                |               |            |  |
| CITY-ST-ZIP  | ,                |              | *- *-  | -   |  | <u>۔ سے</u> |           |        | T-ZIP                      |                 |  |  | <u> </u>    | . <del>-</del> |              |                |               | □ Addition |  |
| TITLE  |                  |              |  |   |  | DELETE      | 3.1 TT    | ŢΕ     |                            |                 |  |  |             |                |              |                | iange         | ☐ Addition |  |
| NAME   |                  |              |  |   |  |             | 3.2 NA    | ME     |                            |                 |  |  |             |                |              |                |               |            |  |
| STREET ADDRESS   |                  |              |  |   |  |             | 3.3 ST    | REET   | T ADDR                     | ess             |  |  |             |                |              |                |               |            |  |
| CITY-ST-ZIP  |                  |              |  |   |  |             | 3.4. C    | TY-S   | T-ZIP                      |                 |  |  |             |                |              |                |               |            |  |
| ₹∏LE   |                  |              |  |   |  | DELETE      | 4.1 TI    | ΊE     |                            | - 1             |  |  |             |                |              | □ c            | nange         | ☐ Addition |  |
| NAME   |                  |              |  |   |  |             | 4.2 N     | AME    |                            |                 |  |  |             |                |              |                |               |            |  |
| STREET ADDRESS   |                  |              |  |   |  |             | 4.3 ST    | REET   | ADDR                       | ESS             |  |  |             |                |              |                |               |            |  |
| CITY-ST-ZIP  |                  |              | -  |   |  |             | 4.4 CI    | TY-ST  | T-ZIP                      |                 |  |  |             |                |              |                |               |            |  |
| TITLE  |                  | -            |  |   |  | DELETE      | → 5.1 Tf  | LE     | ,                          | ·               |  |  | •           |                |              |                | hange         | ☐ Addition |  |
| NAME   |                  |              |  |   |  |             | 5.2 N     | ME     |                            |                 |  |  |             |                |              |                |               |            |  |
| STREET ADDRESS   |                  |              |  |   |  |             | 5.3 S1    | REET   | F ADDR                     | RESS            |  |  |             |                |              |                |               |            |  |
| CITY-ST-ZIP  |                  | •            |  |   |  |             | 5.4 CI    | TY-\$1 | T-ZIP                      | 1               |  |  |             |                |              |                |               |            |  |
| TITLE  |                  |              |  | -   |  | DELETE      | 6.1 TT    | 1E     |                            | "-              |  | -                                      |             |                |              | □ C            | hange         | Addition   |  |
| NAME   |                  |              |  |   |  |             | 6.2 N     | ME     |                            |                 |  |  |             |                |              |                |               |            |  |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 5

STREET ADDRESS



FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90027 006 \*\*\*150.00