Apr 01, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000049313

1. Corporation Name

	VE PROPERTIES, INC.	,										
Principal Place	e of Business	Mailin	ng Address					IUILI DIEN BENI B	) 183 <b>9 0</b> 111 <b>9 1</b> 118 <b>5</b>		(†1 <b>8</b> 1 )) <b>y</b>	<b>68</b> ())) 100)
5680-28TH STREET NORTH 5680-28TH STREET NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714												
US US							DO NOT WRITE IN THIS SPACE					
		_					3. Date Incorporate 07/01/1994	ed or Qualifed			,	,
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number			_	<del></del>	ed For
21		26					59-3254057					Applicable
Suite, Apt.	#, etc.	Sı	uite, Apt. #, etc.				5. Certifcate of Sta	tus Desired			<b>5</b> Add e Requ	ditional
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Zip	Country	<u>-</u> -	· ,		u y		This corporation     Personal Proper		rent year inta	ingible ☐ Yes	15	No
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	9. Name and Address of Cure	int Negister	ou Agoin	8	31 N	lame	10.		<u> </u>			
	Shane, Kelly L 11th avenue			8	32 5	Street Addre	ess (P.O. Box Number	is Not Accept	able)			
1	AN ROCKS BEACH FL 33785			8	33	<del></del>		-				
 				8	34 C	City	··	_ <del></del>	FL	85	Zip Co	de
		1007	4500 Florida Otatula	45	1		andian automita this ets	tomost for the		changing	a ite re	nistered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	oz and our. of Florida. ations of, Se	Such change was at ection 607 0505. Flor	uthorized b	y the	corporatio	n's board of directors.	I hereby acce	pt the appoir	tment a	s regis	stered
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SIGNATURE						nature required	when reinstating)		DATÉ			
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if ap	plicable. (NOTE:			gnature required	when reinstating)  ADDITIONS/CHA	NGES TO OF		D DIRE	CTOR	S IN 12
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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: 2

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/99

Daytime Phone #