FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081170 (0)**

1. Corporation Name
J.V.C.D. INC.

Principal Place of Business	Mailing Address
109 NORTH OLIVE STREET WEST PALM BEACH FL 33401	109 NORTH OLIVE STREET WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0540024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FROST, RONALD W P.A.
412 NORTH DIXIE HIGHWAY
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DECAPRIO, VINCENT	1.2 NAME	
STREET ADDRESS	1517 WOODBRIDGE LAKES	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTALBANO, JACK	2.2 NAME	
STREET ADDRESS	9131 KEATING DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	GARCIA, CARLOS	3.2 NAME	GARCIA, CARLOS
STREET ADDRESS	1033 SOELCA DRIVE	3.3 STREET ADDRESS	1033 SOELCA Drive
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	W.P.B. FL.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE: Vincent De Caprio (Pres) 3/10/95 407-968-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243104 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address. Box is acceptable.

Block 3. Enter the date of incorporation

Block 3a. *Enter the file date of the last fili*

Block 4. Complete Block 4 by entering y … plied for" is preprinted in Block 4, you must now provide the FEI number. Fa

Block 5. Should you desire a certificate … nd include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntar … itical campaigns for the offices of the Governor and members of the Cabinet. If

Block 8. Check the appropriate box. Plea

Block 9. The law requires that each corp … 9 is incorrect, enter the correct information in Block 10. There is no addition

Block 10. Enter name of new Registered A … e is NOT acceptable for service of process. THE CORPORATION CANNOT BI

Block 11. The new registered agent must i … ons and this appointment by completing and signing in Block 11. No signature … corporation, the person signing must state their position with the corporatic

Block 12. Block 12 contains the last inform … , corrections or additions are to be made in block 13. If there is no change in

Block 13. Block 13 is for changes or additi … ible. Use the following type symbols on the title line: *P=President; V=Vice Pr … son holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* … officer or director's address is confidential pursuant to Section 119.07(k), Fl … dresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Blo … or Director of the Corporation that is listed in Block 12. Block 13 if a change, … must be signed by the trustee or receiver. A signature placed on an attachm

Send only 1995 Preprinted Annu… ence to this address:
with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

…ry):

To Department of State,
Doc # P94000081170(0)
We sent a letter in 12/94
to Remove Carlos Garcia
from Corporation, Please
let me KNO if it was done.
Thank You
Vincent De Caprio
President.
Home phone 407-969-3130

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.