

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000081170 (0)
1. Corporation Name
J.V.C.D. INC.

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

Mailing Address
**109 NORTH OLIVE STREET
WEST PALM BEACH FL 33401**

FILED

97 AUG 15 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Sulte, Apt. #, etc.		26 Sulte, Apt. #, etc.		11/03/1994	02/20/1996
22 City & State		27 City & State		4. FET Number	Applied For
23 Zip		28 Zip		65-0540024	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FROST, RONALD W P.A. 412 NORTH DIXIE HIGHWAY LANTANA FL 33462				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DECAPRIO, VINCENT			1.2 NAME	400002272344--5		
STREET ADDRESS	1517 WOODBRIDGE LAKES			1.3 STREET ADDRESS	-08/20/97--01077--007		
CITY-ST-ZIP	WEST PALM BEACH			1.4 CITY-ST-ZIP	***165.00 ***165.00		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, CARLOS			3.2 NAME			
STREET ADDRESS	1033 SOELCA DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

202

To Department of State 8/6/97

I'm only sending 165⁰⁰. Due
to I never Received 1st Notice
for both my Corporations
I'm a good TAX payer AN
I'm never late with any kind
of taxes.

Corporations ARE

① Red Parrot Inc. D# 537216

② T.Y.C. Dsm. D# P940000 8/1/70

I also sent Duplicate Note
with other report

THANK YOU
Vincent De Caprio
(Home) 561-969 3130