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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secreta of State

DIVISION OF CORPORATIONS

1999

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90032 042 ***150.00

					→			
DOCUMENT # P 9400081170V 1. Corporation Name J. V. C. D INC.								ļ
1. Corporation Name 1 / C) INC.								
{	J. V.C.D	•						
	 	44.W A.H			_			
Principal Place of Business Mailing Address					ļ			
109 NORTH OTIVE NOE.								
109 North Olive Ave. W.P.B. FL- 33401					DO NOT WRITE IN THIS SPACE			
40.0,	<i>p</i> : <i>y</i>				3. Date Incorporated or Qualifed	3-94		
Principal Place of Business 2a. Mailing Address			****		4. FEI Number	Apr	plied For	
2126					65.05.40029		t Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee'Re			
27							·	-
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
23 28 Zip Country Zip			Country		8. This corporation owes the current year In		51665	1
24	-, -, -, -, -, -, -, -, -, -, -, -, -, -		30		Personal Property Tax.		IZNo	
9.	Name and Address of Current R	egistered Agent			10. Name and Address of New Registered	Agent]
0	12/1/00	ct	81	Name				
RONALD W. FROST				Street Add	Iress (P.O. Box Number is Not Acceptable)			1
RONALD W. FROST 412 N. DIXIE HIS HWAY LANTANA FL. 33462								
77210					,			
1 /ANTANA +L. 33462				City		85 Zip C	Code	1
					FI	-		-
office or register	ered agent, or both, in the State of I	Florida. Such change was aut	thorized by t	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	i changing its pintment as rec	registered gistered	
agent. I am fan	niliar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statutes.					
SIGNATURE Staget	ure, typed or printed name of registered agent an	d title d applicable (NOTE: 6	Registered Agen	t signature require	ed when reinstating) DATE			١,
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12] 8
TITLE 6	pes, inche	DELETE	1.1 TITLE			Change	☐ Addition	3
NAME Î	INCENTALLY PI	190C	1.2 NAME				i	1 3
NAME VINCENT DECAPTIONS STREET ADDRESS 1517 WOOD Bridge LAKES.			1.3 STREET ADDRESS					إ
CITY-ST-ZIP W. P. B. FL 33406			1.4 CITY-ST-ZIP					غ ا
TITLE I	V-PRES. DOLLARD DELETE		2.1 TITLE			☐ Change	Addition	`
NAME J	131 Kenting DRIV	φ	2.2 NAME					
STREET ADDRESS 9	3 herry	C/ RALLIO	2.3 STREET				1-	
CITY-ST-ZIP	IN BEACH CAMENS,	DELETE	2.4 CITY-S	1-ZIP		Change	Addition	-
TITLE		C DECE LE	3 1 TITLE 3.2 NAME	Ì		□ onango		1
NAME OTREET APODESO			3.3 STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST				ì	Ì
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	1
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE	☐ DELETE		5,1 TITLE			☐ Change	☐ Addition	
NAME		,	5.2 NAME					
STREET ADDRESS		,	5.3 STREET					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP	<u> </u>			1
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME 6.3 STREET	ADDDESS				
STREET ADDRESS							}	
CITY-ST-ZIP			6.4 CITY-ST	- LIF				J

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 suppliemental 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: