## 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 # **P94000084421**1. Corporation Name

V.S.C. REALTY, INC.

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90092 033 \*\*\*150.00



Principal Place of Business		Mailing Address				. I I Mai (A.M. 1941) Alath authi agur agur agus ag	11) <b>B</b> 1811 <b>V</b> 191	
i '		4907 N. UNIVERSITY DR.						
4907 N. UNIVERSITY DR. LAUDERHILL FL 33351		LAUDERHILL FL 33351			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	, AOL	
						11/16/1994	•	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0535245	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee R	tequired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees	
Zip Country		Zip Country			8. This corporation owes the current year Intai	ngible		
24	25	29	0				☐Yes	<del>/≦N</del> o
	9. Name and Address of Curren	<del>_                                    </del>				10. Name and Address of New Registered A	gent	
	<u> </u>		8	1 1	Name			
CIACIVILLI, VITO				┛-		(D.D. D. N. J. M. A. J. M. J.		<del></del>
4907	N. UNIVERSITY DR.		82	2   5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
LAUC	DERHILL FL 33351		8:	3		:	-	
			84	4 (	City	FL	85 Zip	Code
dd Discount f	to the previous of Sections 607 050	2 and 607 1509 Florida Statutes	the abov	Ve-n	named cornor	ration submits this statement for the purpose of c	hanging it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized by	y the	e corporation	's board of directors. I hereby accept the appoint	tment as r	egistered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent si	ignature required v	<del></del>	DIDECT	ODE IN 12
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	
TITLE	D	☐ DELETE 1.1 TI					[_] Onlings	7,444,10,11
NAME	Oli (Oli Cala) (11. O			1.2 NAME				
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NAME	: 32 N		3.2 NAME	<u> </u>				ì
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CITY-ST-ZIP			3.4. CITY					
TITLE			4.1 TITLE				Change	Addition
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STREET ADDRESS			43 STRE		DDRESS			
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CITY-ST-ZIP TITLE			5.1 TITLE	4 CITY-ST-ZIP			Change	Addition
1 1		<u>_</u>	5.2 NAME				_	ļ
NAME			5.3 STRE		DDRESS			1
STREET ADDRESS			5.4 CITY-		ſ			ľ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-		Change	Addition
TITLE		( Deceie	6.2 NAME			•		
NAME						•		ļ
STREET ADDRESS			6.3 STRE	E I AD	DURESS			

6.4 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.

**SIGNATURE**