

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025142 (7)

1. Corporation Name

VEG SERVICE INC.



Principal Place of Business

1084 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address

1084 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

MOVED

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 150 S.W. 12 AVE

26 150 S.W. 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 370

27 SUITE # 370

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

Zip

Country

Zip

Country

24 33069

25 BROWARD

29 33069

30 BROWARD

9. Name and Address of Current Registered Agent

4. FEI Number

65-0571148

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

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

10. Name and Address of New Registered Agent

SHIELD, AMY D ESO
6684 GIRALDA CIR.
BOCA RATON FL 33433

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 607.0532 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 of person performing the filing (agent or filer)

Signature of Registered Agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HERBERT SHIELD
STREET ADDRESS 20245 BACK NINE DRIVE
CITY-STATE-ZIP BOCA RATON, FL 33498

TITLE ☐ DELETE

NAME HELEN B. SHIELD
STREET ADDRESS 20245 BACK NINE DRIVE
CITY-STATE-ZIP BOCA RATON, FL 33498

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 address.

SIGNATURE:

Herbert Shield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN B. SHIELD

1-23-96

954-783-4200

Date

Daytime Phone

CR2E034 (12/95)