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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000025142 (7)

VEG SERVICE INC.

LILLI
Jan 28 1998 8:00am
Secretary of State

EII ED

Principal Plac	e of Business	Mailing Address				INT 31801 BIION AITA OLDII	
150 S.W. 1 SUITE 370 POMPANO US	2TH AVE. BEACH FL 33069	150 S.W. 12TH AVE. SUITE #370 POMPANO BEACH FL US	SUITE #370 POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
			· · · · · · · · · · · · · · · · · · ·		03/29/1995		
 -	lace of Business	2a. Mailing Address			4. FEI Number	Applie	
Suite, Apt.	# 000	26 Suite Ast # sla			65-0571148		pplicable
_	w, 610.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addi Fee Reguli	
City & Stat	e	City & State	City & State		6. Election Campaign Financing	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
23		28	,		Trust Fund Contribution	\$5.00 Ma Added to Fa	•
Zip			Country		8. This corporation owes or has paid the current wear Intangible		
24	25	29	30		Personal Property Tax due June 30. 🔃 Yes 🔲 No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
S	HIELD, AMY D ESQ 🗼 📜		8	1 Name			
		45 BACK Nive Drive	8:	82 Street Address (P.O. Box Number is Not Acceptable)			1
8	IOCA RATON FL 6355	3498					
			8:	3			
			84	City		85 Zip Cod	le
					F	·L `	
office or r	egistered agent, or both, in the	State of Florida, Such change was	authorized t	by the corpo	orporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its re appointment as reg	gistered istered
_	m familiar with, and accept the	obligations of, Section 607.0505, Fi	orida Statute	98.			
SIGNATURE	Signature, typed or printed name of registr	rred agent and title if applicable (NO)	f : Registered A	gent signature re-	equired when reinstating) DATI	[
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	V 12
TITLE	P	☐ DELETE	1.1 THLE			☐ Change	Addition
NAME	SHIELD, HERBERT	5746 Crystal shopes	1.2 NAME				
STREET ADORESS	20243 DACH THITE DA	ME. DY	13 STREE	T ADDRESS			
CITY-ST-ZIP		ynton Bch, FC 33437	1.4 DITY-	ST-ZIP			T
TITLE	ST COURT D	DEFELE	2.1 TITLE			L Change L	_ Addition
NAME	SHIELD, HELEN B	5746 Crystal Shores	2 2 NAME				
STREET ADDRESS	BOOK BANGALAN C	17 22/201	4	T ADDRESS			
CITY-ST-ZIP TITLE	Decilianion L	oyntou 8ch FZ 33437	2. 4 CHTY 3.1 THILE	-SI - ZIP		Change	Addition
NAME			3.1 (IILE 3.2 NAME			ш опапус Ц	2 Vacuumi
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY				ŀ
TITLE		DELETE	4.1 TITLE	31-511		Change	Addition
NAME		_	4. 2 NAMI				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE	0, 11		Change _	Addition
NAME			5.2 NAME			_ , _	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			54 CITY-				
TITLE		☐ DELETE	6.1 1ITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			ľ
CITY-ST-ZIP			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 of dustee 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 area in with an address.

CONSTRUCT The March HELEN B CIVEN 1, 2-00 GOG- 282- 43 00