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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Constant of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #7 95000025142

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90068 041 \*\*\*150.00

1. Corporation Name						•			
11-0 100									
Ve	g Service Inc.								
							,		
Principal Place of Business Mailing Address 150 S.W. 12th Ave. #370 150 SW 12th Ave. #370									
						•			
Pompano Beach, FL Pompano Beach,						DO NOT WRITE IN THIS SPACE			
3306	9	33069			;	3. Date Incorporated or Qualifed			
2 Bringing B	Non of Punings	2a. Mailing Address				1. FEI Number		- ΙΔ	pplied For
——————————————————————————————————————						65-0571148			ot Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.									Additional
27					-	5. Certifcate of Status Desired		Fee R	equired
City & State City & State					- 1	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
23 28									
Zip	Zip Country Zip			Country		8. This corporation owes the current year Intengible			
			30			Personal Property Tax.	=	<b>№</b> Yes	□No
	9. Name and Address of Curren	Registered Agent	81	Name		0. Name and Address of New	Registerea	Agent	
Amu D. Shield, Esq.				Name					
Amy D. Shield, Esq. 20245 Back Nine Drive				Street	Street Address (P.O. Box Number is Not Acceptable)				
SURTIS BEEK WINE DITTO			83			<del></del> _	<del></del> ,	<del></del>	
lg occ	a Reton, FL 33498			<u> </u>					
				City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	tes, the abov	e-named	corporati	on submits this statement for the	purpose of	changing its	registered
office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligations are successful to the obligations of the state of the obligations.	of Florida. Such change was a ions of, Section 607.0505, Flo	iuthorized by orida Statutes	the corposit	ooration's	board of directors. I hereby acce	pt the appoi	ntment as re	egisterea
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe  12. OFFICERS AND DIRECTORS					required wher	ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	ORS IN 12
TITLE	PRES.	DELETE DELETE	1.1 TITLE		Pres		1102110111	Change	☐ Addition
NAME I	HERBERT SHIELD			12 MANE (1) 2"		er B. SHIELD	_		}
STREET ADDRESS				1.3 STREET ADDRESS		c Crustel Shores Dr	ive #al	3	
CITY-ST-ZIP	Boymon Bosch, FL 33437			1.4 CITY-ST-ZIP		6 Crystel Shores Dr Mon Beach, FL 33	437		
TITLE	SECTREAS.	☐ DELETE	2.1 TITLE		1			☐ Change	☐ Addition
NAME	• • • • • • • • • • • • • • • • • • • •		2.2 NAME		1				}
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	Bounton Bosco Fr 3343			ST-ZIP			<del></del>		
TITLE	DELETE 3.1T		3.1 TITLE					☐ Change	☐ Addition
NAME	321		32 NAME		i				ľ
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CITY-ST-ZIP				ST-ZIP	<del> </del>			☐ Change	Addition
TITLE	1		4.1 TITLE					☐ Cliange	Addition
NAME			4.2 NAME						{
STREET ADDRESS	Į Į			TADDRESS					{
CITY-ST-ZIP TITLE			4.4 CITY-S 51 TITLE	11-ZIP	<del> </del>			Change	Addition
	52N				)				
NAME STREET ANNOESS			N	TADDRESS					1
STREET ADDRESS	LEI NOUNESS			iT-ZIP					
CITY-ST-ZIP	☐ DELETE 6.5 TI				<del>                                     </del>			☐ Change	☐ Addition
NAME		_	6.2 NAME		ļ				
l l			6.3 STREE	TADDRESS					

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:** 

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4- 13-99

(561) 495-8201