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



Sandre B. Mortham

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	PROFIT			FLORIDA	A DEPARTM	MENT C	FSTATE		Apr 15 1998 8:0	0am	
	RPORATIC JAL REPC			81	Secretary o		m		-		
1	1998		TES.	DIVISI	ON OF COF		TIONS		Secretary of St	ale	
DOCUI 1. Corporation	MENT n Name		0034	402	(4)						
VEL-SE	w systei	VIS, INC.							I TERREPAT AND RATE BANK REDAT BOARD BOARD BOARD FROM BIRKE CREAT BOARD BA	1 4 (2 4) 400 (
Principal Place of Business Mailing Address											
6345 SPANISH MAIN DRIVE 8345 SPANISH MAIN DRIVE)			
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572									DO NOT WRITE IN THIS SPACE		
								Ī	3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address									05/01/1995 4. FE! Number	pplied For	
21 26				ન ં					T	t Applicable	
r , ' ' '					o, Apt. #, etc.					Additional	
City & State				City & State					6. Election Campaign Financing \$5.00		
23				28					Trust Fund Contribution	to Fees	
Zıp 24	-	Country Zip			30	Country IO			8. This corporation owes or has paid the current year Int Personal Property Tax due June 30. Yes	angible No	
		and Address of Curre	nt Registe	red Agent		1	NAT ALL		10. Name and Address of New Registered Agent		
	CSKO, JANE					L	Name				
6345 SPANISH MAIN DRIVE APOLLO BEACH FL 33572						Street Address (P.O. Box Number is Not Acceptable)					
, , ,	occo bero.					1	83				
						Ī	84 City		FL 85 Zip 0	Code	
11. Pursuant I	to the provision	ons of Sections 607.05 ant, or both, in the Stat	002 and 607 le of Florida	.1508, Florid Such chan	la Statutes, ge was auth	the ab	ove-named by the corp	l corpor poration	ration submits this statement for the purpose of changing it is board of directors. I hereby accept the appointment as	s registered registered	
SIGNATURE											
12.	Signature, typed o	r printed name of registered ac OFFICERS AN			(NOTE: Ře	egislered 13.	Agent signature	beniuper e	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	D	571.152		☐ DE	LETE	1.1 TITE	£		Change	Addition	
NAME		, JANET M				1.2 NAM	-				
STREET ADDRESS CITY-ST-ZIP	ı	INISH MAIN DRIVE BEACH FL 33572					EET ADORESS 7-St-Zip	l			
TITLE	AFOLLO	DEACH FL 33372		☐ DE	LETÉ	21 TITE		1	☐ Change	Addition	
NAME						2.2 NAA	AE :	-		ļ	
STREET ADDRESS							EET ADDRESS			ĺ	
CITY-ST-ZIP TITLE				☐ DE	LETE	2. 4 CIT	Y-ST-ZIP .E	 	Change	Addition	
NAME						3.2 NAA					
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NAME						4. 2 NA	-			_ '	
STREET ADDRESS						4.3 STR	eet address	ŀ		i	
CITY-ST-ZIP TITLE				☐ DE	FTF	4.4 C/T) 5.1 T/TL	r-St-ZIP		☐ Change	Addition	
NAME						5.1 1110 5.2 NAN			orango		
STREET ADDRESS						ŀ	EET ADORESS				
CITY-ST-ZIP				″ <u> </u>	576		r-ST-ZIP		13A	A #495	
TITLE NAME				☐ DE	LEIE	6.1 TITL 6.2 NAA		1	Change	L Addition	
STREET ADDRESS							FET ANDRESS	İ			

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.

SIGNATURE: Court Con temperate MANET M. Mecsko

4-9-98 813-641-7904

FILED