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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

		996		7	ecretary or V OF CORE		ONS	3					
	Corporation 1	Vame	P95000	050433	(8)								
	VIGIE, I	NC.											
Principal Place of Business Mailing Address								***************************************	Í	1 1 36 12001 1/8 1018: 01111 00111 00111	BBINI VANSI BI	HIL WORLD BAUL	0, 1(100 (1111 100)
	CHARLES DIC 6823 STATE F		6823 STATE RO	Harles Dickens Plaza 823 State Road 54 Ew Port Richey Fl 34653						T			
									3.	Date Incorporated or Qualified 06/26/1995	3a. Date	of Last R	eport
2. 21	Principal Plac	ce of Business	/41. 944.	2a. Mailing Address 26				4.	59-33262	44		Applied For Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional Required
23	City & State			Oity & State				6.	Election Campaign Financing Trust Fund Contribution			May Be	
24	Zip	Col	Zφ Count 29 30			y		8. This corporation has liability for intangible tax under s 199 Florida Statutes X Yes \(\) No					
24		9, Name and Ac	dress of Current F						10.	Name and Address of New F		Agent	
		PRAIR 4 111				81	'	Vame					
VIGIE, VERSIE J III 8436 TINKER ROAD							2 8	Street Addres	ss (P.	O. Box Number is Not Acceptat	le)		
NEW PORT RICHEY FL 34655							+						
							,	Dity				85 Zi	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo								•			<u> </u>	.	vanistared office
11	or registers	al accort or both in	rtha Stata At Florida.	-Such change was at	ithorized by	e above- the com	-nar pora	ned corpora: ation's board	tion s Lof d	submits this statement for the pu irectors. I hereby accept the app	pose of chi pintment as	anging ris registered	d agent. I ann
١.		n, and accept the ol	oligations of, Section	607.0505, Florida St	atutes.								
SI	GNATURE _	Signature, typed or printed r	name of registered agent and		(NOTE: Fies	<u> </u>	ont si	grafure required v	when re		DATE	- DIDEOT	000 11 10
12			OFFICERS AND D	DIRECTORS DELET	<u></u>	13.				ADDITIONS/CHANGES TO OFF		1 Change	JRS IN 12 Addition
TIT		D Vigie, versie	: .1 III	L'i perei		1. 1 TITLE 1.2 NAME		ŀ				Onlingo	(Acciden
1	ME REET ADDRESS	8436 TINKER			I	13 STREE		IDRESS					
1	TY-ST-ZIP		ICHEY FL 34655			14 CHY-							
-	ILE	D	***************************************	DELET	É :	2 111116				A 20 100 170 170 170 170 170 170 170 170 17	l	Change	Addition
N/	√ME	VIGIE, VERON	IICA			2.2 NAME							1
ST	REET ADDRESS	8436 TINKER			ı	2.3 STREE	ET AC	OORESS					
CI	NEW PORT RICHEY FL 34655					2.4 CITY-ST-ZIP						Change	Addition
1	TLE	_D	•v	DELET	t l	3. 1 TITLE					,	Change	Addition
1	/WE	-VIGIE, STACE	H			3.2 NAME							
1	reet address	8436 TINKER	HOND PL 34655			33 STRE 34 CITY-							
_	TY-ST-ZIP TLE	HEN TONI I	NOTILE I L 04000	DELET	£	4, 1 TITLE		21-				Change	Addition
1	AME					4.2 NAME							·
!	IREET ADDRESS					4.3 STREE		DORESS					
1	ITY-ST-ZIP					4.4 CITY							
_	TLE			☐ DELF1	E !	5. 1 TITLE	F					Change	Addition Addition
N.	AME					5.2 NAM	Ē						
S	treet address					5 3 STHE	IA TB	DDRESS					
_	ITY-ST-ZIP	<u></u>				5.4 CITY-		ZIP		,		[T] Chance	☐ Addition
	TLE			DELET	t	6 1 THILI						Change	☐ Addition
N.	AME					6.2 NAMI	t.	- 1					

14. Ido 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 early, 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 3 if changed, or on an attachment with an address.

63 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE: _

STREET ADDRESS

Deutsch J Digite IA VERSIE VIGIE 2-20-96
SIGNATURE AND TYPED DI PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date

813 842 6361 Dayt me Phone #