Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90092 035 ***158.75

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

PREFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074925

1. Corporation Name

VETS FAMILY ENTERPRISES, INCORPORATED

| Principal Place of Business Mailing Address | | | | | | | 1 12011451 (i.e. 1012) Eilli edili e | | |
|--|---|-------|-------------|---------------------|---------------------------------------|--|--|--|--|
| 3998 N.W. 73RD WAY CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 | | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | 3. Date Incorporated or Qualifed 09/28/1995 | | |
| 2. Principal Pla | Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | · | 65-0611433 Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & State City & State | | | | ٠. | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 28 | | | <u></u> | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | | Zip | Coun | itry | | 8. This corporation owes the current year Intangible Personal Property Tax. | | |
| 24 | 9 Name and Address of Current | Pogle | | 30 | | | 10. Name and Address of New Registered Agent | | |
| | 9, Name and Address of Current | Keğiş | tered Agent | | 81 | Name | TO, Traine and years of the training of the tr | | |
| VETS, PATRICIA A 3998 NW 73 WAY | | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| CORAL SPRINGS FL 33065 | | | | - | 83 | | | | |
| | | | | Ì | 84 | City | FL 85 Zip Code | | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign | | | | | ine corpoi | pration s totald of directors. Thereby accept the appointment as registered | | | |
| 12. | OFFICERS AND | DIRE | CTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | | ☐ DELETE | 1.1 ∏∏ | E | | ☐ Change ☐ Addition | | |
| NAME | 1311/11231 | | | 1.2 NA | | | | | |
| STREET ADDRESS 3998-N.W73RD WAY | | | -1.3 STF | -1.3 STREET ADDRESS | | والمعالم المنافق المنا | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | C) per err | 1,4 CFT | | T-ZIP | Change Addition | | |
| TITLE | _ | | · · | 2.1 TITLE | | Change | | | |
| NAME [| 1210, 17111101111 | | | 2.2 NAJ | | - = | | | |
| STREET ADDRESS | 77001C00 0000 14:14: 10115 17111 | | | 1 | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | • | | |
| CITY-ST-ZIP | 001812 071111100 12 00000 | | | 3.1 TITLE | | Change Addition | | | |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | TETO, INTIMIN | | | 3.3 STREET ADDRESS | | * | | | |
| CITY-ST-ZIP | CODAL OPPINION FL COOPE | | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | | 4.1 TITI | 4.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME | | | | 4. 2 NA | ME | ţ | | | |
| STREET ADDRESS | | | | 4.3 STF | REET | TADORESS | | | |
| CITY-ST-ZIP | _ | | | 4.4 CIT | Y-\$1 | T-ZIP | | | |
| TITLE | | | ☐ DELETE | 5.1 TITI | | | ☐ Change ☐ Addition | | |
| NAME . | | | | 5.2 NA | | | · | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | DELETE | 5.4 CIT 6.1 TIT | | T-ZIP | ☐ Change ☐ Addition | | |
| mne l | | | 1 (1251515 | - U. III | _ | | Change Mudulon | | |

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 of an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY: ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP