## 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 # P95000083896 (7)

VIRTUAL PROPERTIES, INC.

Principal Place		Mailing Address	Mailing Address					
6396 RIVER ROAD 6396 RIVER RO NEW SMYRNA BEACH FL 32169 NEW SMYRNA								
NEW SMITHW	A BEACH FL 32169	NEW SMYRNA BEACH	FL 32169			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						10/30/1995		
2. Principal P	lace of Business	2s. Mailing Address				4. FEI Number	Applied For	一
21		26				59-3368360	Not Applicat	
Suite, Apt.	#, etc	Suite, Apt. #, etc.					\$8.75 Additional	
22		27				6. Certificate of Status Desired	Fee Required	
City & State	8	City & State				6, Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Z <sub>i</sub> ρ	Country	Zip	Cour	ıtry		8. This corporation owes or has paid the cu		1
24	[25]	29	30				Yes No	
	g. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
	BRIEN, DENIS D			٠.				
6396 RIVER ROAD NEW SMYRNA BEACH FL 32169				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
) NE	W SMIRNA BEACH FL 32109		ł	83	<del>/</del>			$\dashv$
				64	City	FL	85 Zip Code	
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Stati	ites the ab	- L	a-named corpo	oration submits this statement for the purpose o	changing its registers	ed
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ito of Florida. Such change was	authorized	l by	the corporation	on's board of directors. I hereby accept the app	ointment as registered	ď
SIGNATURE			·					_
	Signature, typed or printed name of registered a			Age	nt signature require		D.D.C.C.T.C.C.	{
12.	OFFICERS A	ND DIRECTORS  DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12  Change	ion
NAME	O'BRIEN, DENIS D	C Officir			ļ		CT CHANGE CT MOUNT	1011
i i	6396 RIVER ROAD		1.2 NA					
STREET ADORESS	NEW SMYRNA BEACH FL 3	12180			ADDRESS			
CITY-ST-ZIP TITLE	NEW OWNER DESCRIPTE O	DELETE	1.4 CIT 2.1 TIT		1-ZIP		Change Addit	ion
NAME		- Veterie	22 NA		1		C Olange C radii	
STREET ADDRESS					ADDRESS		•	
CITY-ST-ZIP			2.4 CI					
TITLE		DELETE	3.1 TiT		11-417		☐ Change ☐ Addit	ion
NAME			3.2 NA					
STREET ADDRESS				-	ADDRESS			
CITY-ST-ZIP			3.4. CI					
TITLE		DELETE	4.1 TiT		1 - 24F		Change Addit	ion
NAME			4. 2 NA		- }			
STREET ADDRESS					ADORESS			ŀ
CITY-ST-ZIP			4.4 CIT					
TITLE		DELETE	5.1 TIT		1-24		☐ Change ☐ Addit	ion
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			- 1
CITY-ST-ZIP			5.3 STF			•		
TOTAL E		DELETE	5.4 CII		1 * £4*		Change Addit	ion

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 13 if changed, or on an attachment with an address.

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

N-JOR

4/17/98 90 9428-358

**FILED** 

Apr 27 1998 8:00am

Secretary of State