PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087083

1. Corporation Name

VP VENTURES, INC.

Principal Place	e of Business	Mailing Address										
1801 S FEDERAL HIGHWAY SUITE 235 DELRAY BEACH FL 33483		1801 S FEDERAL HIGHWAY SUITE 235									•	
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							/13/1995	Qualifo				ĺ
2 Principal Pl	lace of Business	2a. Mailing Address					l Number				Applied	For
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Suite. Apt. #, etc.		Suite, Apt. #, etc.	Suite Ant # etc							\$8.7	5 Additi	-
22	# , 510.	27				5. Cer	rtifcate of Status	Desired		•	Require	
City & State	e	City & State				6 Flee	ection Campaign I	Einancing		\$5.0	0 May	Be
23		28				l l	st Fund Contribu	-			ed to Fe	
Zip	Country	Zip	Cc	ountry		8. This	is corporation ow	es the curre	ent year In	tangible		
24	25	29	30				rsonal Property T		-	X Yes	□N	o
	9. Name and Address of Curren	nt Registered Agent	1			10. Na	me and Address	s of New R	Registered	Agent		
				81	Name							
	Dazza, Joseph			82	Ctroot Add	roce (B.O.	Roy Number is N	lot Accorts	hlel			
	S FEDERAL HIGHWAY SUITE :	235		02	Street Add	ddress (P.O. Box Number is Not Acceptable						
DELF	RAY BEACH FL 33483			83			<u> </u>					
				84	City					85\ Z	ip Code	
				04					Fl		•	
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the	above	-named corp	poration sub	bmits this statem	ent for the	purpose o	f changing	its regis	tered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorize	ed by	the corporati	poration sub ion's board	bmits this statem of directors. I he	ent for the reby accep	purpose of the appo	f changing sintment as	its regis registe	tered
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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:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

6.1 TITLE

6.2 NAME

8.3 STREET ADDRESS

6.4 CITY-ST-7IP

Change

FILED Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90032 025 ***150.00

Addition