**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90028 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000021821

1. Corporation Name

STREET ADORESS

VERMILLION INDUSTRIES INC.						
<u> </u>				<u> </u>		
Principal Place		Mailing Address			•	
3001 SOUTHWE SUITE B	ST 15 ST	3001 SOUTHWEST 15 ST B				
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442			42	DO NOT WRITE IN THI	S SPACE	
US US				3. Date Incorporated or Qualifed		}
				03/07/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applie	
21		26		65-0707856		pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add Fee Requi	
City & State	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> Ma	іу Ве
23		28		Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	8. This corporation owes the current year le	ntangible	,
24	25		30	Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent	Pd Nome	10. Name and Address of New Registere	Agent	
MANUA VALAA ODIANI			81 Name	Brian Mullumana		ļ
MYLLYMAA BRIAN 2605 SOUTHWEST CT #7				iress (P.O. Box Numberus Not Acceptable)	a b- <	uiteB
	IPANO BEACH FL 33062			or Southwest 15 St	veet 30	4, TCIS
PUM	PANU DEAUTI FL 33002		83		٠	
			84 City Dec	rfield Beach F		442
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						jistered tered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	XZ-			1 19	<u>99                                   </u>	[
	Signature, typed or printed name of registered ager		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	NID DIDECTORS	2 IN 12
12.	D OFFICERS AN	ND DIRECTORS ☐ DELETE	13.		AND ALL	□ 4 3 224       □ 4 3 224 -       □ 4 3 224       □ 4 3 224       □ 4 3 224
NAME		ے کا	1.2 NAME	Nyllymaa Brian L 3001 Southwest 15 Str	ا ۲ ام	_ 
i	MYLLYMAA, BRIAN L 2019 SE 5TH ST #5		1.3 STREET ADDRESS	3001 Southwest 15 271	Suit	60
STREET ADDRESS	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	Deerfield Beach, Flor	ida 23	442
CITY-ST-ZIP	DEERFIELD BEACH FL	☐ DELETE	2.1 TITLE			Addition
NAME			2.2 NAME		_ ,	_
\			2.3 STREET ADDRESS	•		
STREET ADDRESS			2. 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADORESS	1		6.3 STREET ADDRESS			

CITY-ST-ZIP 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 en en attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: 🖈