Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90026 031 \*\*\*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 # P96000025240

1. Corporation Name

VPC DEVELOPMENT, INC.

Principal Place	of Business	Mailing Address						
7053 NW 3RD A BOCA RATON F		7053 NW 3RD AVE BOCA RATON FL 33487			TO NO	WRITE IN THIS:	SPACE	
US					3. Date Incorporated or Qu			
1					03/20/1996			Ì
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		- Ap	plied For
21		26 PO BOX 8	31244	۲۱ .	65-0658296		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certificate of Status Desired Fee Required			quired
City & State	9	City & State	<u> </u>		6. Election Campaign Finar	ncing	\$5.00	May Be
23		28 150 Ca K	aton.		Trust Fund Contribution		Added	o Fees
Zip	Country	Zip 211 C	Country	~ ^	8. This corporation owes th	e current year Inta		_
24	25	29 3348 3		<u>sa</u>	Personal Property Tax.		Yes	<b>⊠</b> No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of	New Registered A	Agent	
210	0110DE 0 E		81 Na	me				
PASSMORE, C.E.			82 Str	82 Street Address (P.O. Box Number is Not Acceptable)				
7053 NW 3RD AVE								
BOCA RATON FL 33487			83					
			84 Cit	v	· · · · · · · · · · · · · · · · · · ·		85 Zip (	Code
	Ť			-		FL	1	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and an Spit the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut	, the above-nan horized by the c	ned corpor corporation	ration submits this statement f 's board of directors. I hereby	or the purpose of of accept the appoin	changing its itment as re	registered gistered
1	m familiar with and accept the obligat	tions of, Section 607.0505, Plotic		m	1.00	.2	الحا	90
SIGNATURE	Sonature, typed or printed name of registered agen	at and title if applicable. (NOTE: R	egistered Agent signa	ture required v	when reinstating)	DATE	1-11	<u></u>
12.		D DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	T			☐ Change	☐ Addition
NAME	PASSMORE, C.E.		1.2 NAME					
STREET ADDRESS	7053 N.W. 3 AVENUE		1.3 STREET ADDR	ESS		•		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	-				
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	PASSMORE, JAIME		2.2 NAME		•			
STREET ADDRESS	7053 N.W. 3 AVENUE		2.3 STREET ADDR	ESS				j
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP		المراجع فالمستواف المتيا	المرافقة منا وتبدران		
TITLE	D '	☐ DELETE	3.1 TITLE				Change	Addition
NAME	VECCIA, JR. J		3.2 NAME					
STREET ADDRESS!	1100 N. FEDERAL HIGHWAY		3.3 STREET ADOR	ESS				
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY-ST-ZIP					\
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME		_	4, 2 NAME					
PTDEET ADDRESS			4.3 STREET ADDR	ess				

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 receives 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 on a lateral with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

<del>NATURE </del>REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

☐ Change

☐ Change

Addition

Addition