Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90066 025 ***158.75

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 # P9600063628

1. Corporation Name

VV VV VV · 40	AILSE COM, INC.										
	ACH LAKES BLVD. #1100	Mailing Address	CH LAKES BLV	D. #1100	ı		I (no i(na) i i d fori d drivi bairi		O BITON KIRTO BRITO I		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						İ	DO NOT WRITE IN THIS SPACE				
						3. Da	te Incorporated or Qualife				
•						07	7/30/1996				
2. Principal Pl	lace of Business	2a. Mailing Add	Iress				Number		Арр	lied For	
21		26		_		65	5-0765689		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	¥, etc.			5 . Ce	ertifcate of Status Desired	*	\$8.75 A		
City & State	e	City & State	•			6. Ele	ection Campaign Financin	9 🗆	\$5.00 1	May Be	
23		28				Tn	ust Fund Contribution	<u></u>	Added to	Fees	
Zip	Country	Zip	_	Country		8. Th	is corporation owes the cu	ırrent year l			
24	25	29	30				rsonal Property Tax.			No	
	9. Name and Address of Current	Registered Agent				10. Na	ame and Address of New	Registere	d Agent		
0414	MACAN ANALINETTE			81	Name	•					
GAMMON, NANNETTE				82	Street Add	t Address (P.O. Box Number is Not Acceptable)					
1555 PALM BEACH LAKES BLVD. #1100									<u> </u>		
ME2	T PALM BEACH FL 33401			83						ļ	
				84	City			F	85 Zip C	ľ	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation of the state of the section of the sec	ions of, Section 607	.0509, FIORDA	Statutes	tne corpora			DATE	On Information		
12.	OFFICERS AND		Ĭ	13,			DITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12	
TITLE	OS DELETE		DELETE	1.1 TITLE					Change	Addition	
NAME	GAMMON, NANNETTE			1.2 NAME							
STREET ADDRESS	1555 PALM BEACH LAKES BLV	D. #1100		1.3 STREET	ADDRESS					ļ	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	, ,	•	1.4 CITY-S	r-ZIP						
TITLE	P		DELETE	2.1 TITLE					Change	Addition A	
NAME	PANKOW, JOSEPH H			2.2 NAME						ļ	
STREET ADDRESS	. 1555 PALM BEACH LAKES BLV	D #1100	Į.	2.3 STREET	ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33401			2.4 CITY-S	T-ZIP						
TITLE	VT .		DELETE	3.1 TITLE			•		Change	Addition	
NAME	COOPER, RON			3.2 NAME	İ						
STREET ADDRESS	1555 PALM BEACH LAKES BLV	D #1100		3.3 STREET	ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33401			3.4. CITY- S	T-ZIP						
TITLE			DELETE	4.1 TITLE					Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	ADDRESS					ļ	
CITY-ST-ZIP				4.4 CITY-5	r-ZIP			<i>.</i>			
TITLE			DELETE	5.1 TITLE					☐ Change	Addition \	
NAME				5.2 NAME						ĺ	
STREET ADDRESS			j	5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY-5	r-zip					,	

6.4 CTTY-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 suppliemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

REQUIRED Ron Cooper SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

3/18/99

561/686-2000

Change

☐ Addition

Daytime Phone #