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 # P96000079162 (9)

Principal Place of Business	Mailing Address					
13525 ALLYN DRIVE HUDSON FL 34667	13525 ALLYN DRIVE HUDSON FL 34667					

FILED Apr 22 1998 8:00am Secretary of State

VJ PRO	PERTIES,	INC.						!	A JOSANG NA 110 INCIDENCE SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR	Afre = Afre (A Bit		
Principal Place	e of Business	3		Mailing Addre	ess				{	PAN UUSI: IVDA	J POLOT FLOTO v el	PD 5104 1001
13525 ALLYN DRIVE 13525 ALLYN DRIVE												
HUDSON FL 34667 HUDSON FL 34667					DO NOT WRITE IN THIS SPACE							
									3. Date Incorporated or Qualified			
									09/24/1996			
2. Principal P	lace of Busin	ess		?a. Mailing Ad □	ddress				4, FEI Number		_ 	oplied For ot Applicable
Suite, Apt. #, etc.			2	Suite, Apt. #, etc.					59-3402055			Additional
22			2	27					5. Certificate of Status Desired			equired
City & State				Cily & State				6. Election Campaign Financing			May Be	
23	_ 		2			0 1			Trust Fund Contribution		-	to Fees
Zip	}	Country		Zip ภ	3	Country	/		This corporation owes or has p Personal Property Tax due Jun	_		tangible No
24		25 and Address 0	2 of Current Rep			<u> </u>			10. Name and Address of New R			
AN	THONY, JO	HN	······································		<u> </u>	81	Nam	Э				
	25 AILYN C					82	Stree	t Addres	ss (P.O. Box Number is Not Accepte	able)		
	DSON FL 3									· · · · · · · · · · · · · · · · · · ·		
						83						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections	607.0502 and	d 607.1508, FI	orida Statutes	, the above	i e-name	d corpo	ration submits this statement for the		<u>. </u>	ts registered
office or re	egistered ag	ent, or both, in th, and accept	the State of Fl	orida. Such ch s of, Section 6	ange was aut 07.0505, Florid	inorized by da Statute:	y the co s.	rporatio	in's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	100	on, and descept										
	Signature, typed	or printed name of re			(NOTE: F		ent signat	re required	when reinstating)	DATE	5 DIDEATA!	20.01.40
12.	PSTD	OFFIC	CERS AND DIF		DELETE	13. 1.1 TITLE		P	ADDITIONS/CHANGES TO OFF	ICEHS AINL	Change	Addition
NAME		T, VICTORIA				1.2 NAME		Á	STHONY, VICTO	ria	_ ,	_
STREET ADDRESS		LLYN DRIVE				1.3 STREET	ADDRES:	139	525 Allyn Dr			
CITY-ST-ZIP		FL 34667				1.4 CITY - S	ST-ZIP	H		667		
TITLE		· · · · · · · · · · · · · · · · · · ·			DELETE	2.1 TITLE					Change	Addition
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREET	I ADDRES:	3				
CITY-ST-ZIP					DELETE	2.4 CITY -	ST-ZIP				Change	Addition
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NAME Street address						3.3 STREET	I ADDRES					
CITY+ST-ZIP						3.4. CITY-:		´				
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NAME						4. 2 NAME						
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CITY-ST-ZIP						4 4 CITY - 5	ST-ZIP	_				
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CITY-ST-ZIP TITLE					DELETE	61 TITLE	51 - ZIP	1—			☐ Change	Addition
NAME				_		6.2 NAME						
STREET ADDRESS						6 3 S1REE1	T ADDRES	3				
CITY-ST-ZIP						64 CITY-5	ST-ZIP	1				
14. I hereby o	certify that the	e information su	applied with th	is filing does i	not qualify for			ited in S	ection 119.07(3)(i), Florida Statutes.	I further ce	artify 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, on an analysis and address.