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 # 1. Corporation Name VILK.A.S, INC. P96000096310 (3)

FILED Apr 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address						
1747 N. 47TH	AVENUE	1747 N. 47TH AVENUE						
APT.3 LAKE WORTH FL 33460		APT.3				DO NOT WRITE IN THIS SPACE		
DAKE WORTH	FE 33460	LAKE WORTH FL 33460			3. Date Incorporated or Qualified			
						11/26/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-07 19565 Not Applicable		
Suite, Apt.	#, e lc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Regulred		
City & State) "	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Zip	Country	Zip	Count			8. This corporation owes or has paid the current year Intangible		
24	25		30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	t Registered Agent		81	Nieses	10. Name and Address of New Registered Agent		
	ST, SUZANNE ATTY.			ויף	Name			
	S. CHILLINGWORTH DRIVE			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	ITE 10 Palm Beach Fl 33409			83				
***	FACIN DENOTITE SUTTO					■■ 85 Zip Code		
				84	,			
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								
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed hance of registered agent and title if applicable. (NOTE: Begistered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Ū	DELETE 1.1		TLE		☐ Change ☐ Addition		
NAME	VILKKILA, SEPPO A		1.2 N	AME				
STREET ADDRESS	1747 N. 47TH AVENUE, #3		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			1.4 0	ITY-S	T-ZIP			
TITLE	D DELETE		2.1 7	2.1 TITLE		Change Addition		
NAME	VILKKILA, ANJA I		2 2 NAM					
STREET ADDRESS	1747 N. 47TH AVENUE, #3	2. 4		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP	LAKE WORTH FL 33460							
TITLE	DELETE		3.1 Ti	3.1 TIFLE		☐ Change ☐ Addition		
NAME			3.2 N	AME				
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE	<u> </u>		4.1 Ti			Change Addition		
NAME			4.21					
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP		T or cr	4.4 CITY- 5		T-ZIP	Change Addition		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 N					
STREET ADDRESS	•				ADDRESS			
CITY-ST-ZIP				5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition		
TITLE		LT OFFEE			1	C O Southe Manufacture		
NAME			6.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 C	ITY - S	T-ZIP	One than 140 07/0V() Floride Clatheles I forther parties that the information		

I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 chapter 607 in an attachment with an address.