Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90123 036 ***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

Corporation	VIEIN # P96000 VANCIAL CORPORATION	101015			
Principal Place of Business 409 W. HALLANDALE BEACH BLVD. #16 STE #211 HALLANDALE FL 33009 Mailing Address 409 W. HALLANDALE BEACH BLV STE #211 HALLANDALE FL 33009					
US	1 33009	US US 133009	-20·/	DO NOT WRITE IN TO 3. Date Incorporated or Qualifed 12/13/1996	HIS SPACE
2. Principal Pi	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0678767	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Cíty & State		City & State	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	_ 1	Country 30	This corporation owes the current year Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
GOLDSTON, GREGORY L 409 W. HALLANDALE BEACH BLVD. #216				ress (P.O. Box Number is Not Acceptable)	
STE #211 HALLANDALE FL 33009			83		
			84 City		EL 85 Zip Code
office or re agent. I at SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETÉ	1.1 TITLE		Change Addition
NAME STREET ADDRESS	GOLDSTON, GREGORY L 409 W HALLANDALE BEACH B	LOD AND ZOI	1.2 NAME 1.3 STREET ADDRESS		j
CITY-ST-ZIP	HALLANDALE FL	□ DELETE	1.4 CfTY-ST-ZiP 2.1 TITLE		Change Addition
TITLE NAME			2.2 NAME		C Ontaings C reasons
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
			4.2 NAME		
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	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		}
STREET ADDRESS	e*	•	6.3 STREET ADDRESS		,

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP