SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104348 (3)

VENI VIDI VICI, INC.

Principal Place of Business

1776 N. PINE ISLAND RD. SUITE 118

Mailing Address

1776 N. PINE ISLAND RD. SUITE 118

97 SEP 26 AH IN: 51

SECRETALLY STATE STATE TALLAHASSEE, FLORIDA



PLANTATION FL 33322	PLANTATION FL 33322			DO NOT WRITE IN THIS SPACE			
				 Date incorporated or Qualified 12/31/1996 	3a, Date	of Last Report	
2. Principal Place of Business 21 1249 Washington No. A	2a. Mailing Address 26 /249 Washing	tor	, fre.	4. FEI Number 65-0740127		Applied For Not Applicable	
Suite, Ap1. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 Miani Bel Fla	City & State 28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country 24 33/39 25	29 30	untry		This corporation owes or has pai Personal Property Tax due June	30. 🔲	Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
RUBINCHIK, HARVEY L		81	Name				
1776 N. PINE ISLAND RD. SUITE 118			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33322		83					
		84	City		FL	85 Zip Code	
11. Pursuant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statutes, the a	above	named corp	poration submits this statement for the p	urpose of c	hanging its registered	

office or registered agent, or both, in the State of Proida. 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	0	DELETE	1.1 TOTLE	☐ Change ☐ Addition				
NAME	RUBINCHIK, HARVEY L ESQ.		1,2 NAME	4000023063742				
STREET ADDRESS	1776 N. PINE ISLAND RD., SUITE 118		1.3 STREET ADDRESS	4000023063 74 2 -09/29/9701126011				
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY - \$1 - ZIP	****165.00 ****165.00				
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME			2.2 NAME					
STREET ADDRESS			23 STREET ADDRESS					
CITY-ST-ZIP			2 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME			3.2 NAME					
STREET ADORESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - SY - ZIP					
TILE		DELETE	4.1 TITLE	Change Addition				
N ME			4. 2 NAME					
S REET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CHY-ST-ZIP					
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition				
NAME 1			5.2 NAME					
STREET ADDRESS		İ	5.3 STREET ADDRESS	ah a				
CITY-ST-ZIP			5.4 CITY - S1 - ZIP					
TITLE		DELETE	G.1 TITLE	Addition Addition				
NAME			6.2 NAME	() / W				
STREET ADDRESS			6.3 STREET ADDRESS	~\				
CITY-ST-ZIP			64 CITY-S1-ZIP					

I do 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 received or full-tree 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 attail hinter with an address.

Dear Airs, of Just Alcowed This Torm From my allowy. I never becaused the Original form. Enclosed is a check of \$165 - For Filing I Thank you in aurance.

finds Bestedad.

Re: Veni Vid. Vici