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Secretary of State

04-26-1999 90057 012 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000018069**

1. Corporation Name
VERTEX ENTERPRISES CORPORATION



Principal Place of Business
 4822 N UNIVERSITY DR
 LAUDERHILL FL 33351
 US

Mailing Address
 10171 NW 59TH DRIVE
 PARKLAND FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1997

4. FEI Number
65-0754709

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 **P.O. Box 800943**
 27 Suite, Apt. #, etc.
 28 **AVENTURA FL**
 29 Zip Country
 30 **33280 USA**

9. Name and Address of Current Registered Agent
THEARD, JULES
10171 NW 59TH DRIVE
PARKLAND FL 33076

10. Name and Address of New Registered Agent

81 Name **MARIE C. SANNON**

82 Street Address (P.O. Box Number is Not Acceptable)
8215 NW 8th Street

83

84 City **PLANTATION** FL 85 Zip Code **33324**

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Marie C. Sannon* (NOTE: Registered Agent signature required when reinstating) **04/20/99**
 Signature, typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THEARD, JULES
STREET ADDRESS	10171 N W 59 DR
CITY-ST-ZIP	PARKLAND FL 33076
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marie C. Sannon
1.3 STREET ADDRESS	8215 NW 8th Street
1.4 CITY-ST-ZIP	Plantation FL 33324
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bonivert CLAUDE
2.3 STREET ADDRESS	3553 Magellan Circle # 314
2.4 CITY-ST-ZIP	AVENTURA FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **4/20/99** **(524) 746-0583**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)