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☐ Yes

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

DOCUMENT # **P97000021629**1. Corporation Name

22

24

Zip

SIGNATURE

V.D.A. ENTERPRISES, INC.

Principal Place of Business	Mailing Address				
1592 COLUSO DRIVE WINTER GARDEN FL 34787-2132	1592 COLUSO DRIVE WINTER GARDEN FL 34787-2132				
2. Princinal Place of Business	2a. Mailing Address				

3. Date Incorporated or Qualifed 03/10/1997 4. FEI Number Applied For Not Applicable 59-34317<u>21</u> 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Zip Country □No

30 29 9. Name and Address of Current Registered Agent

BROWET, JACQUELINE
1592 COLUSO DR
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent						
81	Name					
82	Street Address (P.O. Box Number is Not Accept	otable)				
83						
84	City	FI	85	Zip Code		

Personal Property Tax.

office or r	to the provisions of Sections 607.0502 and 607.1508, Floric egistered agent, or both, in the State of Florida. Such chan m familiar with, and accept the obligations of, Section 607.0	ae was autho	orized by the corbora	tion's board of directors. I flereby	accept the ap	e of changing its repointment as regi	egistered stered
SIGNATURE	4 BNAR SPA			APRIL	10.1	999	}
Signature, typed of Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS		
TITLE	PSTD D	ELETE	1.1 TITLE			☐ Change	Addition
NAME	VAN DEN ABBEEL, FREDERICK A		1.2 NAME				
STREET ADDRESS	1592 COLUSO DRIVE		1.3 STREET ADDRESS				1
CITY-ST-ZIP	WINTER GARDEN FL 34787-2132		1.4 CITY-ST-ZIP				
TITLE	□ D	ELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				ļ
STREET ADDRESS		·	.2.3 STREET ADDRESS -				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			 	
TITLE	□ D	ELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZiP			3.4. CITY-ST-ZIP				
TITLE	. 🗆 🗅 D	ELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		;	4.4 CITY-ST-ZIP		4		
TITLE	. D	ELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST-ZIP			- 40	
TITLE	□ D:	ELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				{
STREET ADDRESS			6.3 STREET ADDRESS				{
CITY OT TID			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.

APRIL 10, 1999