SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028531

1. Corporation Name
V-TIF, Inc.

Principal Place of Business / Mailing Address
2031 Maplewood Dr.
Coral Springs FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Coral Springs
22 Suite, Apt. #, etc
23 City & State: Coral Springs FL
24 Zip: 33071 25 Country: USA

2a. Mailing Address
26 Same as Above
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 3-97

4. FEI Number: 65-078273[redacted] ☐ Applied For ☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Kristan Klapish
2031 Maplewood Dr.
Coral Springs FL 33071

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

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: Kristan Klapish (NOTE: Registered Agent signature required when reinstating) DATE: 8-18-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: President, Kristan Klapish, 2031 Maplewood Dr., Coral Springs FL 33071	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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.

SIGNATURE: Kristan Klapish 8-18-98 (954)753-7961

(2)

DEAR SIR:

I HAVE RECENTLY RECEIVED my PROFIT CORP. ANNUAL REPORT PAYMENT LETTER. I HAD CALLED twice, looking FOR this notice IN the MAIL. ONCE IN JUNE and ONCE in LATE JULY. I CALLED AMERILAWYER and DIVISION OF CORPORATIONS IN SEARCH FOR this. I ALSO called with my NEW ADDRESS in the beginning OF 1998. when I did RECEIVE this, the address is CORRECT but my NAME is INCORRECT...

KRIS KAPISH
2031 MAPLEWOOD DR.
CORAL SPRINGS- FL 33071

*IF ANY PROBLEMS... PLEASE CONTACT ME...

THANK YOU...

KRIS KAPISH
IF ANY QUESTIONS:
(954) 753-7961