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 # P97000035659

1. Corporation Name

VADIM TOP OF DAYTONA, INC.

Principal Place of Business Mailing Address								\$ INCLINE! ILE {BILL LOPI: BRISI OBSIL	MAILL BRIDG ITIN	1 MISSO MISSO		
2625 S ATLANT	TIC AVE CH SHORES FL 32118		2625 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118									
			US					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
								04/21/1997				
Principal Place of Business 2a. Mailing Address								4. FEI Number		<u> </u>	pplied For	
21			26 Svite Apt # etc				 - -	59-3444896			ot Applicable Additional	
Suite, Apt.	#, etc.	├ ¬	Suite, Apt. #, etc.					5. Certifcate of Status Desired			equired	
City & Stat			City & State					a Stantian Compaign Financing	·		May Be	
¬i ′	e	28	· 					 Election Campaign Financing Trust Fund Contribution 			to Fees	
23 Zip	Country	Zip	····	Coun	trv			This corporation owes the curre	nt vear Intano			
24	25	29	—					Personal Property Tax.	· _] Yes	□No	
	9. Name and Address of Curre						1	0. Name and Address of New Re	gistered Ag	ent		
				_	81	Name						
DAN	IELS, DOUGLAS A			-		Ctroot A	Addrass	(P.O. Box Number is Not Acceptate				
523 N. HALIFAX AVE.				[82 Street Address (F			(P.O. Box Number is Not Acceptat	Ne)			
DAY	TONA BEACH FL 32118			j.	83							
				-	_					05 7in	Code	
					84	City			FL	85 Zip	Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Suc ations of, Section	h change was at n 607.0505, Flor	ithorized ida Statui	by tr tes.	ne corpo	oration's	poard of directors. I nereby accept	_ше арропи	nent as re	egistered	
					egistered Agent signature required			en reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECT	ODS IN 12	
12.	OFFICERS AND DIRECTORS D DELETE				13.			LAUTIONS/CHANGES TO OFF		Change	☐ Addition	
TITLE	POOCHER EVALABOLACI		- DELETE	1.2 NAA				Enstern, michae	_		_	
NAME	ROSEUSHLEYN, MICHAEL					1.3 STREET ADDRESS Z.V		5 S. Atlantic AV 2	_	-		
STREET ADDRESS		1 00440	22110					ona Beach fe 321	1 (1			
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118			1.4 CIT	·ZIP	Seret	our never 46 12	<u>`</u>	Change	Addition		
TITLE	VP ADIANDOUV VADIM	_,		B	2.2 NAME				_	_ •	_	
NAME		VLADIMIRSKY, VADIM			2.3 STREET ADDRESS							
STREET ADDRESS	2526 S ATLANTIC AVE			2. 4 CITY-ST-ZIP							1	
TITLE	DAYTONA BEACH SHORES FL 32118 S DELETE				3.1 TITLE					Change	☐ Addition	
NAME	-			li i	-3.2 NAME							
STREET ADDRESS	ROSE, IRINA 2625 S ATLANTIC AVE				3.3 STREET ADDRESS							
CITY-ST-ZIP		1 32118		3.4. CIT								
TITLE	DAYTONA BEACH SHORES FL 32118				4.1 TITLE					Change	☐ Addition	
NAME	VLADIMIRSKY, LENA			4. 2 NA	ME	J					J	
STREET ADDRESS				4.3 STF	REETA	ADDRESS					ļ	
CITY-ST-ZIP	DAYTONA BEACH FL 32118			4.4 CIT								
TITLE	DATIONA BEAUTITE OF 10		DELETE	5.1 TITL						Change	☐ Addition	
NAME				5.2 NA	ΝE			•				
STREET ADDRESS				5.3 STF	REET	ADDRESS					ļ	
CITY-ST-ZIP	[5.4 GIT	Y-ST-	-ZiP					{	
TITLE			[] DELETE	6.1 TITL	.E					Change	Addition	
NAME				6.2 NA	ME							
STOCET ADDDESS	.[6.3 STF	REET /	ADDRESS					į	

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 adgress, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90052 034 ***150.00