FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									
	PROFIT RPORATION		FLORIDA DEPARTMENT OF STATE  Katherine Harris			ſĘ	FILED		
ANNU	JAL REPORT 1999		Secretary of State Division OF CORPORATIONS			99 JUN 30 PM 2: 47			
						TORETARY OF STATE TALEAHASSEE, FLORIDA			
DOCUMENT # P9700038860  1. Corporation Name V'NICE CONSTRUCTION, INC.									
Principal Place of Business Mailing Address									
1049 PETAL COURT 1049 PETAL COURT ORLANDO FL 32818 ORLANDO FL 32818					DO NOT WRITE IN THIS SPACE			SPACE	
							3. Date Incorporated or Qualifed 04/29/1997		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For	
26     Suite, Apt. #, etc.   Suite, Apt. #				etc.			59-3445438	Not Applicable \$8.75 Additional	
<del></del>			27 City & State				5. Certifcate of Status Desired	Fee Required	
23		28	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country			Zip Country 2			•	a. This corporation owes the current year in	tangible	
24	9. Name and Address of Curr	29		<u> </u>			Personal Property Tax.  10. Name and Address of New Registered	Yes No	
	5. Italie alla Addiesa di Gali	one registere	Agont	81	Nar		10. Hame and Address of New Registered	Agent	
SAVAGE-GASTON, JOYCE					82 Street Address (P.O. Box Number is Not Acceptable)				
801 N MAGNOLIA AVE, SUITE 402 ORLANDO FL 32803-3851				L			ss (P.O. Box number is not acceptable)		
				83	83				
and the second s				84	City	,	FI 85 Zip Code		
11. Pursuant i	to the provisions of Sections 607.0	502 and 607.15	08, Florida Statutes	the abov	e-nam	ed corpor	ation submits this statement for the purpose of	changing its registered	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaints) DATE									
Inote Registere  Signature, typed or printed name of registered agent and title if applicable  NOTE Registere  12. OFFICERS AND DIRECTORS  13									
TITLE	PSTD DELETE			1.1 TITLE				Change Addition	
NAME	BRADLEY, VERNICE A			1.2 NAME			,		
STREET ADDRESS	1049 PETAL COURT		1.3 STREE	T ADDRE	ss		1		
CITY-ST-ZIP	ORLANDO FL 32818		F3	1.4 CITY-ST-ZIP					
TITLE	DELETE		21 TITLE		}		Change Addition		
NAME				2.2 NAME			75950000s 99/99/70-	01092010	
STREET ADDRESS				2 3 STREET ADDRESS		:SS	~01703733 ~ ****162.75	****163.75	
CITY-ST-ZIP	☐ DELETE			2 4 CITY-ST-ZIP 31 TITLE			####IDJ-12	Change Addition	
NAME			32 NAME		[				
STREET ADDRESS	ET ADDRESS		3.3 STREET ADORESS		ss				
CITY-ST-ZIP				3.4. C(TY-	34. CITY-ST-ZIP				
TIME DELETE			4.1 TITLE				Change Addition		
NAME			4.2 NAME		İ				
STREET ADDRESS				4.3 STREE		ss		)	
					4.4 CITY-ST-ZIP				
TITLE			□ D€LETE	51 TITLE				☐ Change ☐ Addition	

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is 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 appear Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empoyaring

5 3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition