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 # P9700050800

1. Corporation Name

V.PIFER, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90120 030 ***150.00



| | | | | | | | de e did e de la comp | | |
|---|------------------------------------|--------------------------------------|---------------------|----------------|-------------------|--|------------------------------|---------------|--|
| Principal Place of Business Mailing Address | | | | | | 1 10011001 to 1211 1201 0011 0011 0011 2011 2015 011 | | | |
| 639 DROMEDARY COURT 639 DROMEDARY COURT | | | | | | | | | |
| KISSIMMEE FL | 34759 | KISSIMM | KISSIMMEE FL 34759 | | | DO NOT WRITE IN THIS S | DO NOT WRITE IN THIS SPACE | | |
| | ~, | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 06/06/1997 | | \ | |
| 2. Principal P | Place of Business | 2a. Mail | 2a. Mailing Address | | | 4. FEI Number | Ar | oplied For | |
| 21 | | 26 | 26 | | | 59-3449997 | No | ot Applicable | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional | |
| 22 27 | | | | | | | | equired | |
| City & State | | }—, | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| 23 Zin | Country | 28 Zip | | Coun | try | This corporation owes the current year Intar | | | |
| Zip 1 | | ├ | • | 30 | uy | 1 | igible ∐Yes | No | |
| 24 | 9 Name and Address | 29 s of Current Registered | Agent | 1301 | | 10. Name and Address of New Registered A | | | |
| | 5. Name and Address | or Current Registered | Agein | | 31 Name | To Home and Justiness and Tolking Street | | | |
| PIFE | ER, VALERIE | | | L | | (a) | | | |
| 639 DROMEDARY COURT | | | | , | 32 Street A | Address (P.O. Box Number is Not Acceptable) | | | |
| | SIMMEE FL 34759 | • | | <u> </u> | 33 | | | | |
| | | | | 1 | | | 1001 7 | · | |
| | • | | | | B4 City | FL | 85 Zip | Code | |
| SIGNATURE | Signature, typed or printed name o | registered agent and title if applic | | : Registered A | gent signature re | equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | ORS IN 12 | |
| 12. | | FICERS AND DIRECTO | DELETE | 1.17IIL | | | ☐ Change | Addition | |
| TITLE | D VALERIE | | | 1.2 NAM | 1 | | | — | |
| NAME | PIFER, VALERIE 639 DROMEDARY CO | VIDT | | | EET ADDRESS | | | ş | |
| STREET ADDRESS | KISSIMMEE FL 3475 | | | - 1 | r-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | NISSIMIMEE PL 34/3 | <u></u> | ☐ DELETE | 2.1 TITL | | | Change | Addition | |
| NAME |] | • | | 2.2 NAM | ĺ | | | | |
| STREET ADDRESS | | | | - 1 | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | | | |
| TIME | - L 3 | | - DELETE- | | E | in the second se | Change | Addition | |
| NAME | | | | 3.2 NA | AE | | | | |
| STREET ADDRESS | ; | | | 3.3 STF | EET ADDRESS | | | • | |
| CITY-ST-ZIP | | | | 3.4. ÇIT | Y-ST-ZIP | | | | |
| TITLE | | | DELETE | 4.1 TITI | .E | | Change | Addition | |
| NAME | 1 | | | 4.2 NA | ME | | | | |
| STREET ADDRESS | ; | | | 4.3 STF | EET ADORESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CIT | /-ST-ZIP | | | F-00 & 1 1000 | |
| TITLE | | | DELETE | 5.1 TIT | | | ☐ Change | Addition | |
| NAME | 1 | | | 5.2 NA | • | | • | | |
| STREET ADDRESS | i. | | | 4 | EET ADDRESS | | | | |
| CITY-ST-ZIP | ļ | | C) 05/555 | | Y-ST-ZIP | | Change | □ Addition | |
| TITLE | | | ☐ DELETE | 6.1 TIT | | | Change | ☐ Addition | |
| NAME | | | | 6.2 NA | | • | | | |
| STREET ADDRESS | | | | - I | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | | 6.4 CIT | Y-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:

CITY-ST-ZIP