PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000053624**1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90165 007 ***600.00

VIGNE, I	NC.							
D facility Disco	-f D sizes	Mailing Addrong					HE HAN END HAN	
Principal Place		-	Mailing Address					
860 CARTER RE DELAND FL 327		860 CARTER RD. DELAND FL 32724				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/17/1997		
2. Principal Place of Business 2a. Mailing Ad			Address			4. FEI Number	Applied For	
21		26				NOT APPLICABLE	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27				Fee	Required	
City & State		City & State				1 7 7 7 11 7 7	May Be	
23		Zip Country					d to Fees	
Zip	Country	· ,	30			8. This corporation owes the current year Intangible Personal Property Tax.	□No	
24	9. Name and Address of Curr	29	30	r		10. Name and Address of New Registered Agent		
	5. Name and Address of Curr	ent Negistered Agent		81	Name	10. Name and Addition of the Art Art Section of the		
LEWI	S, DWIGHT D					·		
860 CARTER RD.				82	Street Add	treet Address (P.O. Box Number is Not Acceptable)		
	ND FL 32724			83				
				84	City	FL 85 Zi	p 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								
	Signatur s, typed or printed name of registered a	9+		Agen	t signature require	ed when reinstating) DATE	TODE IN 12	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITUE	DP	U DELETE			· \		e	
NAME	21110, 01110111		1.2 N/				}	
STREET ADDRESS	860 CARTER RD.				ADDRESS		l	
CITY-ST-ZIP	DELAND FL 32724			TY-S1	T-ZIP	☐ Chang	e Addition	
TITLE			2.1 Tî			Chang	e	
NAME	LEWIS, ELIZABETH L		2.2 NAM				ł	
STREET ADDRESS	860 CARTER RD.				ADDRESS		{	
CITY-ST-ZIP	DELAND FL 32724	☐ DELETE	2.4 CITY-ST-2 3.1 TITLE		T-ZIP	Chang	e Addition	
TITLE		□ ncrsie	3.1 N		Ì	· · · ·		
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STREET ADDRESS					1		ţ	
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP		Chang	e Addition	
NAME				4. 2 NAME				
STREET ADDRESS	ESS			4 3 STREET ADDRESS			Ì	
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE			5.1 71	_		☐ Chang	e	
NAME			52 N		1			
STREET ADDRESS			5.3 51	REET	ADDRESS		1	
CITY-ST-ZIP)		5.4 CI	5.4 CITY-ST-ZIP				
TITLE	☐ DELETE 6		6.1 TT	πE		Chang	e	
NAME			6.2 N	ME		•	ļ	
STREET ADDRESS			6.3 S1	REET	ADDRESS		ļ	
CITY-ST-ZIP	•		6.4 CI	TY-SI	r-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