FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700055494 (3)

VIACON PROPERTIES I, INC.

FILED

98 JUN 29 AM 9: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



							
Principal Place of Business Mailing Address							
1402 E LAS OLAS BLVD SUITE 200 1402 E LAS OLAS BLVD SU							
FORT LAUDERDALE FL 33301		FORT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					06/24/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 076 3406 Ap	plied For	
21		26			2 AF : AB	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 A		
22		27		_ , ,	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing \$5.00		
23		28			Trust Fund Contribution		
Zφ	Country	Zip	Country	,	8. This corporation owes or has paid the current year International Property of the Corporation of the Corpo		
24	25		0		Personal Property Tax due June 30. Yes L 10. Name and Address of New Registered Agent] No	
Name and Address of Current Registered Agent				Name	(U. Italia silu Address Vi New Hagistered Agent		
GARRAHAN, LINDA			81			,	
	02 E LAS OLAS BLVD SUITE 20	.0	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
FU	ORT LAUDERDALE FL 33301		83				
			84	City	FL 85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statules	the above	e-named c	corporation submits this statement for the purpose of changing its	s registered	
office or a	r egiste red agent, or both, in the State am fam iliar with, and accept the oblig	e of Florida. Such charige was au gations of, Section 607.05 05, Flori	thorized by da Statutes	the corpo	oration's board of directors. I hereby accept the appointment as	registered	
SIGNATURE							
SIGNATURE	Signature, typed or prioted name of registered as	gent and title if applicable (NOTE:	Reg stered Age	ont signature re	equired when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	DCLETE		1.1 TITLE		☐ Change	Addition	
NAME GARRAHAN, LINDA		1.2 NAME		000002579330- -07/01/93011030	<u></u> []		
STREET ADDRESS 1402 E LAS OLAS BLVD SUITE 200			1.3 STREET ADDRESS		-07/01/98011030	us.	
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CITY - S	T- ZIP	************************************	Addition	
TITLE			2.1 TITLE		L.,) Change		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-SI-ZIP *	ļ- 	DELETE	2 4 CiTY-1	SI-ZIP	Change	Addition	
TITLE	1	T" DETELE	3 1 TITLE		Ghange	Par Volumi	
NAME			3.2 NAME	ADDOCCO			
STREET ADDRESS			3.3 STREFT				
CITY-ST-ZIP			3 4. CITY - 1	51 - ZIP	Change	Addition	
TITLE			4.1 THEE		Grange		
NAME CARRET ARROAGO				ADDRESS			
STREET ADDRESS			4 3 STREET	i			
CITY-ST-ZIP		DELETE	44 CITY-S 51 TITLE	or-zir	Change	Addition	
TITLE			5.2 NAME				
NAME PERCET ADDRESSE			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-5		,	,)	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	oi-zir	☐ Øhande\	Addition	
NAME		_ ~,	6.2 NAME			X	
1			6.3 STREET	ADORESS		λ /	
STREET ADDRESS			6.4 CITY-5		\ ()	/ ['] / '	
1 LITT-51-7P	,		■ 0.4 OH (**)	11-215	\ \ \ \	,	

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.

NONATURE.

Houdan 6/2014

CR2E034 (10/97