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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000096734**1. Corporation Name

VANDELEY INC

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90079 014 ***150.00

AVIADEE	LI, mo							
Principal Place	e of Business	Mailing Address	•			- 1 18811294 118 18111 18811 88111 88111 88111	# 11 W W	188 (1151 B1S) 1881
1347 DILL AVE.		1347 DILL AVE.						
SPRING HILL FL 34608 SPRING HILL FL 34608						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 11/10/1997		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	7	Applied For
21		26				59-3485450	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22] -		27	٠.		· •			Required
City & State	е	City & State				6. Election Campaign Financing		May Be d to Fees
23	Country	28	Cou	intro.		Trust Fund Contribution		d to Fees
Zip	Country	Zip	30	шиу		 This corporation owes the current year Inta Personal Property Tax. 	Yes	□No
24	9. Name and Address of Curren		30	Ι		10. Name and Address of New Registered		
	9. Name and Address of Curren	t negistered Agent		81	Name	TO. Mario dila yilaayaaa ahaa ahaa ahaa ahaa ahaa ahaa ah		
WILL	JAMS, ALLAN							
1347			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SPRI	ING HILL FL 34608			83				
							T T =	
				84	City	FL	85 Zi	p Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was au- tions of, Section 607.0505, Flori	ithorized ida Stati	by thutes.	ne corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing ntment as	its registered registered
	Signature, typed or printed name of registered ager			Agent s	signature required	when reinstating) DATE	D DIDEC	TODE IN 12
12.		ID DIRECTORS	13.	T. F.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Chang	
TITLE	DP		1.1 70					
NAME	WILLIAMS, ALLAN 1347 DILL AVE.		1.2 N		DDDT00			
STREET ADORESS	SPRING HILL FL 34608							
CITY+ST-ZIP					DORESS			
TITLE	DVD	□ 0ELETE	1.4 CI	TY-ST-			☐ Chang	e
NAME	DVP	☐ DELETE	1.4 CF 2.1 Til	TY-ST-			☐ Chang	e Addition
	WILLIAMS, BARBARA	☐ DELETE	1.4 CF 2.1 TH 2.2 N	TY-ST- TLE AME	ZIP		☐ Chang	e Addition
STREET ADDRESS	WILLIAMS, BARBARA 1347 DILL AVE	☐ DELETE	1.4 CF 2.1 TH 2.2 N/ 2.3 ST	TY-ST-Z TLE AME TREET A	ZIP		Chang	e Addition
CITY-ST-ZIP ^	WILLIAMS, BARBARA	-	1.4 CF 2.1 TH 2.2 N/4 2.3 ST 2.4 C	TY-ST-I TLE AME TREET A	ZIP		☐ Chang	_
CITY-ST-ZIP TITLE	WILLIAMS, BARBARA 1347 DILL AVE	_ OELETE	1.4 CF 2.1 TH 2.2 N/ 2.3 ST 2.4 C 3.1 TF	TY-ST-I TLE AME TREET A HTY-ST- TLE	ZIP		- ~	_
CITY-ST-ZIP ^ TITLE NAME	WILLIAMS, BARBARA 1347 DILL AVE	-	1.4 CF 2.1 TH 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/	TY-ST-ITLE AME TREET A HTY-ST- TLE AME	ZIP ADDRESS ZIP		- ~	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIAMS, BARBARA 1347 DILL AVE	-	1.4 Cr 2.1 Til 2.2 N/2 2.3 ST 2.4 C 3.1 Tr 3.2 N/2 3.3 ST	TY-ST-ILE AME TREET A SITY-ST-ILE AME TREET A	ZIP ADDRESS -ZIP ADDRESS		- ~	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, BARBARA 1347 DILL AVE	-	1.4 Cr 2.1 Til 2.2 N/2 2.3 ST 2.4 C 3.1 Tr 3.2 N/2 3.3 ST	TY-ST-ITLE AME TREET A HTY-ST- TLE AME TREET A	ZIP ADDRESS -ZIP ADDRESS		- ~	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WILLIAMS, BARBARA 1347 DILL AVE	- DELETE	1.4 CT 2.1 TII 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4. CI	TY-ST- TLE TREET A SITY-ST- TLE AME TREET A TREET A	ZIP ADDRESS -ZIP ADDRESS		☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLIAMS, BARBARA 1347 DILL AVE	- DELETE	1.4 CI 2.1 TII 22 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA	TY-ST-ITLE AME TREET A TILE AME TREET A	ZIP ADDRESS -ZIP ADDRESS -ZIP -ZIP		☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIAMS, BARBARA 1347 DILL AVE	- DELETE	1.4 CI 2.1 TII 22 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. CI 4.1 TI 4.2 N/ 4.3 ST	TY-ST-ITLE AME TREET A AME TREET A ITY-ST- TLE ITY-ST- TLE IAME IREET A	ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS		☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLIAMS, BARBARA 1347 DILL AVE	- DELETE	1.4 CI 2.1 TII 22 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. CI 4.1 TI 4.2 N/ 4.3 ST	TY-ST-ITLE AME TREET A AME TREET A TLE TREET A TLE TREET A TLE TREET A TLE TREET A	ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS		☐ Chang	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIAMS, BARBARA 1347 DILL AVE	DELETE	1.4 CC 2.1 TII 22 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 .CC 4.1 TI 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.3 ST	TY-ST TLE AME TREET A TLE AME TREET A TLE TLE TLE TLE TLE TLE TLE TL	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP		☐ Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLIAMS, BARBARA 1347 DILL AVE	DELETE	1.4 CC 2.1 TII 22 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 .CC 4.1 TI 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.3 ST	TY-ST TLE TREET A AME TREET A TLE AME TREET A TLE TREET A TLE TREET A	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP		☐ Chang	e Addition
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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 of organ attagment with an address, with all other like empowered.

SIGNATURE:

MANE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 (352)683-831