

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 # P97000097713

1. Corporation Name
VASU, INC.

Principal Place of Business

60 N 7 STREET
MACLENNY FL 32063

Mailing Address

60 N 7 STREET
MACLENNY FL 32063

2. Principal Place of Business

21 1418 US HWY 27 S
Suite, Apt. #, etc.

22 City & State Lake Wales FL

23 Zip 33853 Country USA

2a. Mailing Address

26 1418 US HWY 27 S
Suite, Apt. #, etc.

27 City & State Lake Wales FL

28 Zip 33853 Country USA

9. Name and Address of Current Registered Agent

PATEL, VILAS D
60 N 7 STREET
MACLENNY FL 32063

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3482750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

PATEL VILAS D

82 Street Address (P.O. Box Number is Not Acceptable)

83 1418 US HWY 27 S

84 City

Lake Wales

FL

85 Zip Code

33853

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

PATEL VILAS D

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-26-99

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME PATE, VILAS D
STREET ADDRESS 1418 US HWY 27 SOUTH
CITY-ST-ZIP LAKE WALES FL 33853

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-99 (941) 676 6588

or 676 3917

CR2E034 (11/98)

03/02/2000

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90010 006 ***150.00



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