## 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 # 1, Corporation Name P97000100401 (3)

VETTUS THREE, INC.

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
	D PARSONS AVE DON FL 33511 Cipal Place of Business	203 SO PARSONS AVE				
		BRANDON FL 33511			DO NOT WOITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					11/25/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			<b>59-3478 953</b> Not Applicab	
	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22 City & Stat		City & Ctoto			Fee Hequired	
23		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Cou		intry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,	Personal Property Tax due June 30.	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
PIE	ERCE, M W			81 Name		
- 20	3 SO PARSONS AVE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
BR	ANDON FL 33511					
				83		
				84 City	85 Zip Code	
44 5	(0)	0 - 1007 H 00 Ft - 1 - 0 - 1			FL 63 Zip code	
office or o	to <b>the</b> provisions of Sections 607 050 reg <b>istered</b> agent, or both, in the State	iz and 607. ISOS, Florida Statu of Florida. Such change was	ies, the ai authorize	bove-named co d by the corpor	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered	
	am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	lorida Stat	tutes.		
SIGNATURE	Signature, typed or practed name of registered agr	nt and life diapplicable (NO	TE Registere	d Agent signature rea	quired when reinstailing) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TI	TLE	Change Addition	
NAME	VETTUPARAPURATHU, CYRIA	AC M	1.2 N/	AME		
STREET ADDRESS	4012 FONTANA PLACE		1.3 SI	FREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594	——————————————————————————————————————		TY-SI-ZIP		
TITLE	D	DELETE	2.1 TI	1	Change L Addition	
NAME	VETTUPARAPURATHU, CYRIA	IC M	22 N	•		
STREET ADDRESS	4012 FONTANA PLACE VALRICO FL 33594			IREET ADDRESS		
CITY-ST-ZIP TITLE	TAUNIOU FE 33084	DELETE	2. 4 C 3.1 Tr	ITY-S1-ZIP	☐ Change ☐ Additio	
NAME		Ed Pereit	3.1 N		_ onengo _ Adulto	
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	4.1 10		Change Addilio	
NAME			4. 2 N	IAME		
STREET ADDRESS		•	4.3 \$1	TREET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		DELETE	5.1 TI	TLE	Change Addilio	
NAME			5.2 N/	AME		
STREET ADDRESS			5.3 S1	TREET ADDRESS		
CITY-ST-ZIP				TY - ST - ZIP		
TITLE		☐ DELETE	6.1 TO	TLE	Change Addition	
NAME			6.2 N/	AME		
STREET ADDRESS			6.3 \$1	REET ADDRESS		
CITY-ST-ZIP	<u></u>		6 4 CI	TY-ST-ZIP		

14. Thereby 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 this 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 additions.

16/20/90 /94/9877848