## 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 # P97000106084 (1)

## FILED May 04 1998 8:00am Secretary of State

VEE'S COUNTRY DAZE, INC.					
				HARRIAGO (10 HAID) HARRI BRIDA BRIDA GARRI ATRICA	JAHA AKKI BEKET (SI) BIAL IBAL
···					
Principal Place of Business Mailing Address				1 10911011 116 1917 1997 00111 00117 08151 19511 1	) DIE BEIN BEIGE FREI EINE 1881
6731 SOUTH FEDERAL HIGHWAY 6731 SOUTH FEDERAL HIGHW PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952					
PONT 51. LOOKE PL 34302			ĸ	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				12/17/1997	
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc Suite, Apt. #, etc.			65-0801932-	Not Applicable	
22 27		<del>-</del> -1		5. Certificate of Ştatus Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the o	:urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	t Registered Agent	641 57	10. Name and Address of New Registere	d Agent
	S, VIMEN V		81 Name		
6731 SOUTH FEDERAL HIGHWAY			62 Street Ac	dress (P.O. Box Number is Not Acceptable)	
PORT ST. LUCIE FL 34952			83		
			L.L.	·	
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statute	es, the above-named co		
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, and familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agn		Registered Agent signature rec		
12.	OFFICERS AND	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AI	
TITLE NAME	PSD MOC MARKEN	L_ DELETE	1.1 TOTLE		L. Change L. Addition
STREET ADDRESS	VOS, VIVIEN V 6731 SOUTH FEDERAL HIGHWAY		1.2 NAME		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	IIA1	1.3 STREET ADDRESS		
TITLE	PTD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	,,,,	Change Addition
NAME	VOS, STANLEY J		22 NAME		
STREET ADDRESS	6731 SOUTH FEDERAL HIGH	WAY	2.3 STREET ADDRESS		
CITY-ST-2M	PORT ST. LUCIE FL 34952		2. 4 CITY-ST-ZIP	The state of the s	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	THE THEORY SAVE AND THE	
TITLE		DELETE	4.1 TITLE		Change Addition
HAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.1 IIILE 5.2 NAME		Compage C Manifoli
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
City-St-Zip			6.4 CITY-SY-ZIP		
	ertify that the information supplied wi	th this filing does not qualify for		in Section 119 07/2)(i) Elorida Statutos, I further	

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 of 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.

HONATURE, Alice MARIEN MA

2/24/08

111.0.5263

CR2E034 (10/9)