


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 22 PM 4:07 SEC. OF STATE TALLAHASSEE, FLORIDA																																									
DOCUMENT # P98000008675 1. Corporation Name VMM, INC.																																													
Principal Place of Business 2455 N.W. 115TH DR. CORAL SPRINGS FL 33065		Mailing Address 2455 N.W. 115TH DR. CORAL SPRINGS FL 33065		DO NOT WRITE IN THIS SPACE																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/26/1998 4. FEI Number 65-0810739 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
9. Name and Address of Current Registered Agent MANNINO, VINCENT 2455 N.W. 115TH DR. CORAL SPRINGS FL 33065			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																										
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 <i>[Signature]</i> DATE 3/11/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																													
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td></td> <td>DPVP MANNINO, VINCENT</td> <td>2455 N.W. 115TH DR.</td> <td>CORAL SPRINGS FL 33065</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE		DPVP MANNINO, VINCENT	2455 N.W. 115TH DR.	CORAL SPRINGS FL 33065		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;">1.2 NAME</td> <td style="width: 10%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE																																									
	DPVP MANNINO, VINCENT	2455 N.W. 115TH DR.	CORAL SPRINGS FL 33065																																										
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																									
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																									
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																									
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																									
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																									
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																									

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #