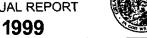
FILED Apr 21, 1999 8:00 am Secretary of State

Katherine Harris

04-21-1999 90148 003 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



DOCUMENT # P98000027826

1. Corporation Name VEHPORT ENTERPRISES LIMITED, INC.

Principal Place of Business							
12252 WEST COLONIAL DRIVE							

Mailing Address

12252 WEST COLONIAL DRIVE

Secretary of State

DIVISION OF CORPORATIONS



WINTER GARDE	:N FL 34/8/	WINTER GARDEN FL 34/0/				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	1		-
						03/24/1998			
2. Principal P	lace of Business -	2a. Mailing Address				4. FEI Number			Applied For
21		26			59-350/642			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		·	5 Additional	
22		27						Required	
City & Stat	6	City & State				6. Election Campaign Financing	' 🗆		May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	intry	•	8. This corporation owes the cur	rrent year In		□No
24	25	29	30			Personal Property Tax.	D- mintered	Yes	
····	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New	Registered	Agent	
MDM	CUT I VNM W			01	Name				
WRIGHT, LYNN W 2716 REW CIRCLE				82	Street Add	dress (P.O. Box Number is Not Accep	table)		
			8					_	
	TE 102								
UCC	DEE FL 34761			84	City		····	85 Z	ip Code
					" '		, FL	_	·
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	tatutes, the a	bove	e-named cor	rporation submits this statement for th	e purpose of	changing	its registered
office or r agent. I a	registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change w tions of, Section 607.0505	ras authorized , Florida Stat	a by utes	the corporation.	tion's board of directors. I hereby acco	ept the appo	munent as	registered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen		(NOTE: Registered	i Agen	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO O		ID DIREC	TORS IN 12
12.		D DIRECTORS		71 6	—— ₁ —	ADDITIONS/CHANGES TO C	- IOLNO AI	Chang	
TITLE	PO CONTRACTOR		ľ					L_J Orland	30
NAME	SHAFFER, KENNETH		1.2 N						
STREET ADDRESS	12750 KATHERINE CIRCLE		1.3 \$	TREET	TADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711			ITY-S	T-ZIP				
TITLE	D	☐ DELET	Έ 2.1 TI	TLE				Chang	ge 🗌 Addition
NAME	OLESEN, PREBEN	-	22 N	AME					•
STREET ADDRESS	12252 WEST COLONIAL DRIVE		2.3 \$	TREE	T ADDRESS				
CITY-ST-ZIP	WINTER GARDEN FL 34787			TY-S	ST-ZIP				
TITLE		☐ DELET	E 3.1 TI	TLE				☐ Chang	ge 🔲 Addition
NAME			3.2 N	AME	Ì	•			
STREET ADDRESS		•	3.3 \$	TREE	T ADDRESS				
CITY-ST-ZIP				ITY-S	ST-ZIP				
TITLE		☐ DELET	E 4.1 TI	TLE				Chang	ge 🔲 Addition
NAME			4,21	IAME					
STREET ADDRESS			4.3 \$	TREE	TADORESS				
CITY-ST-ZIP	•		4,4 C	ITY-S	IT-ZIP				
TITLE		☐ DELET	E 5.1 TI	TLE				Chang	ge 🗌 Addition
NAME			5.2 N	AME	,				
STREET ADDRESS	{		5.3 S	TREE	T ADDRESS				
CITY-ST-ZIP]		5.4 C	ITY-S	T-ZIP				
TITLE		☐ DELET	E 6.1 TI	TLE				Chang	ge Addition
NAME			6.2 N	AME	1				
STREET ADDRESS			6.3 S	TREET	TADDRESS				
CITY_ST_7IP					T-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.