PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029096

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90025 026 ***150.00

V & J B	OUTIQUE, INC.									
Principal Place	e of Business	Mailing Address				T I AMITIMATE AIM I MAINE AMAINI MAINE	dien batts guns	11819 19411 68410	INDIA MINI CONT	
7306 SR 52. SUITE 6 9020 RAWLINS AVE. BAYONET PT. FL 34667 PORT RICHEY FL 34668						DO NOT WE	RITE IN THIS	SPACE		
						3. Date incorporated or Qualife	d	-		
						03/30/1998			-11-4 F	
2. Principal Pl	lace of Business	Za, Mailing Address				4. FEI Number -59 350 9584			piled For Applicable	i
21		26		_		-37 330 75 87		\$8.75		-
Suite, Apt.	#, 8tC.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Re		
City & State		City & State		_	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	May Re	ļ
City & State		28	├ ─ '			Trust Fund Contribution	" 🗆	Added t		
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cu	rrent year Int	angible		
24	25	29	10			Personal Property Tax.		Yes	□No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registered	Agent		į
				81 Nar	ne				Ì	Í
	RIGUEZ, JOSEPH L		ł	82 Stre	et Addres	ss (P.O. Box Number is Not Accep	otable)			
	S SR 52, SUITE 6		l							!
BAY	ONET PT. FL 34667		1	83						
			Ì	84 City	,		FL	85 Zip (ode	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	s, the ab	ove-nam	ed corpor	ration submits this statement for th	e purpose of ept the appoi	changing its ntment as re	istered	!•
SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the oblining states of providing the states of the state					when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered						DATE	ID DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered	agent and ode if applicable. (NOTE.	Registered /	Agent signati		when reinstating)	DATE			(11/98)
SIGNATURE	Signature, typed or prefed name of registered OFFICERS D RODRIGUEZ, JOSEPH L	agent and title if applicable. (NOTE, F AND DIRECTORS	Registered /	Agent signet		when reinstating)	DATE	ID DIRECTO	RS IN 12	334 (11/98)
SIGNATURE 12.	Signature, typed or parted name of registered OFFICERS D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE.	agent and title if applicable. (NOTE, F AND DIRECTORS	13. 1.1 TIT	Agent signet	ure required e	when reinstating)	DATE	ID DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	OFFICERS D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE. PORT RICHEY FL 34668	agent and side if applicable. (NOTE, F AND DIRECTORS	13. 1.1 TITE 1.2 NAI 1.3 STE 1.4 CIT	Agent signat LE ME REET ADDRE Y-ST-ZIP	ure required e	when reinstating)	DATE	ID DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE. PORT RICHEY FL 34668	agent and title if applicable. (NOTE, F AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STE 1.4 CIT 2.1 TITE	Agent signature. LE ME REET ADDRE Y-ST-ZIP LE	ure required e	when reinstating)	DATE	ID DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE. PORT RICHEY FL 34668 D RODRIGUEZ, VIVAN A	agent and side if applicable. (NOTE, F AND DIRECTORS	13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.1 TIT 2.2 NA	Agent aignat LE ME REET ADDRE Y-ST-ZIP LE	ure required v	when reinstating)	DATE	ID DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE. PORT RICHEY FL 34668 D RODRIGUEZ, VIVIAN A 9020 RAWLINS AVE.	agent and side if applicable. (NOTE, E AND DIRECTORS	13. 1.1 TIP 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIP 2.2 NAI 2.3 STF	Agent signation LE ME REET ADDRE Y-ST-ZIP LE ME	ure required v	when reinstating)	DATE	ID DIRECTO	RS IN 12	· CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE. PORT RICHEY FL 34668 D RODRIGUEZ, VIVAN A	agent and side if applicable. (NOTE, E AND DIRECTORS DELETE	13. 1.1 TITE 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAI 2.3 STF 2.4 CIT	Agent Bignets LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE	ure required v	when reinstating)	DATE	ID DIRECTO Change	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	D RODRIGUEZ, JOSEPH L 9020 RAWLINS AVE. PORT RICHEY FL 34668 D RODRIGUEZ, VIVIAN A 9020 RAWLINS AVE.	agent and side if applicable. (NOTE, E AND DIRECTORS	13. 1.1 TITE 1.2 NAI 1.3 STE 1.4 CIT 2.1 TITE 2.2 NAI 2.3 STE 2.4 CIT 3.1 TITE	Agent aignet LE ME REET ADDRE Y- ST-ZIP LE ME ME TADDRE	ure required v	when reinstating)	DATE	ID DIRECTO	RS IN 12	CR2E034 (11/98)
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4. 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: NUIGN A. ROLLIGUEZ VIVIAN H. ROLTIGUEZ 10 3.10-1999 (727) 845-8491