Applied For

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036528

1. Corporation Name

DELRAY BEACH FL 33483

VOW ENTERTAINMENT UNLIMITED, INC.

Principal Place of Business								
206 SEAR	reeze avenue							

2. Principal Place of Business

Mailing Address

2a. Mailing Address

206 SEABREEZE AVENUE DELRAY BEACH FL 33483

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90141 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

4. FEI Number 657090

04/22/1998

21		_ 20					· · · · · · · · · · · · · · · · · · ·			CO 75	
Suite, Apt. ‡	#,_etc	Suite,	Apt. #, etc.	-			5. Certifcate of Status D	esired		\$8.75 A	
City & State	<u> </u>	City &	State				6. Election Campaign Fi	nancing		\$5.00	Mav Be
23		28					Trust Fund Contribution	_		Added to	•
Zip	Country	Zip		Count	try		8. This corporation owes	s the cur	rent year Int	angible	
24	25	29	ĺ:	30			Personal Property Ta		-	☐ Yes	□No
	9. Name and Address of Current	Registered A	Lgent				10. Name and Address	of New I	Registered	Agent	
			_=	8	31 Nar	ne					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					82 Street Address (P.O. Box Number is Not Acceptable)						
					2 30	et Modre	SS (F.O. DOX NUMBER IS NO	r Accept	abicy		
					83						
										To-1 7:- 6	
				1	34 City	,			FL	85 Zip (ode
44 D	to the provisions of Sections 607.0502	and 607 1509	R Florida Statute	s the ab		ed corno	ration submits this stateme	nt for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida, Such	h change was au	itnorized i	by the c	orporation	n's board of directors. I here	eby acce	pt the appoi	ntment as re	gistered
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	le. (NOTE:	Registered A	gent signa	ore required	when reinstating)		DATE		
12.	OFFICERS ANI	DIRECTORS		13.			ADDITIONS/CHANGE	S TO OF	FICERS AN		
TITLE	PVST		□ DELETE	1.1 TITL	E					Change	☐ Additio
NAME	van der Wolk, Peter W			1.2 NAM	E						
STREET ADDRESS	206 SEABREEZE AVENUE			1.3 STR	EET ADDR	SS					
CITY-ST-ZIP	DELRAY BEACH FL 33483			1.4 CITY	-ST-ZIP						
TITLE			☐ DELETE	2.1 ∏∏L	E					Change	☐ Additio
NAME				2.2 NAM	Æ						
STREET ADDRESS				2.3 STR	EET ADOR	ESS					
CITY-ST-ZIP	•		*	2. 4 CIT	Y-ST-ZIP				• • •		
TITLE'		_	☐ DELETE	3.1 TITL	Ε		•			Change	☐ Additio
NAME				3.2 NAM	ΙE	İ					
STREET ADDRESS				3.3 STR	EET ADDR	ESS					
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP						
TITLE		_	☐ DELETE	4.1 TITL						Change	Addition
NAME				4. 2 NA	ИÉ						
STREET ADDRESS				4.3 STR	EET ADDR	ESS					
CITY-ST-ZIP				4.4 CIT	-ST-ZIP						
TITLE			☐ DELETE	5.1 TTTL						Change	Additio
NAME				5.2 NAM	tE						
STREET ADDRESS				5.3 STR	EET ADDR	ESS					
CITY-ST-ZIP				5.4 CITY	-ST-ZIP						
TITLE		_	DELETE	6.1 TITL						Change	Additio
NAME				6.2 NAM	Œ						
TOTAL				6.3 STR	EETADDR	ESS					
CTOCCT ADDRESS											
STREET ADDRESS CITY-ST-ZIP				6.4 CITY	/-ST-ZIP						

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

- PETEN VANDERWOLK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR