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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000039150

1. Corporation Name

VINTAGE COLLECTIONS UNLIMITED CORPORATION

Principal Place of Business

Mailing Address

2749 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 2749 E. ATLANTIC BLVD. POMPANO BEACH FL 33062

## FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90026 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/30/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0870993 Not Applicable 2424 N.DI 26 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ሬየዖ MARGOLIS, ANNE 82 ress (P.O. Bo) 1370 S. OCEAN BLVD.,#1808 POMPANO BEACH FL 33062 83 W 85 Zip Code Fort Lauderdah 908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ation 607.0505, Florida Statutes. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida. office or registered agent, or both agent. I am familiar with, any ago GRUS HOFF SIGNATURE Signature, typed or p ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Addition DELETE Change 1.1 TITLE TITLE MARGOLIS, ANNE R 1.2 NAME NAME 2749 E. ATLANTIC BLVD. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 14 CiTY-ST-ZIP CITY-ST-ZIP □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 of 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAM

J.W. Neuman

5/20/53 Dayurle Phone #

*568-223*2

CR2E034 (11/98)