## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P98000042940**1. Corporation Name

VINCENT S. VEZZI, INC.

Principal	Place	of	Busin	ness

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90013 015 \*\*\*150.00



		ODIK DIMB I	

Principal Place	e of Business		Mailing Add	dress						
5922 PITCH PII	NE DRIVE		5922 PITCH	PINE DRIVE						
ORLANDO FL 32819		ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE					
									J. ACE	
								o or addition		
2 Principal P	lace of Business		2a Mailing	Address		-			Ar	polied For
<b>—</b>	lace of business		— ·	Addi Coo				11346		<u> </u>
Suite, Apt.	# etc			opt. #. etc.						
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>}</del>	*	-		5. Certifcate of Sta	tus Desired 📙	•	
City & Stat	e	<u> </u>	<del></del>	State			6. Election Campai	gn Financing	\$5.00	May Be
23			28				· ·	. 11	-	-
Zip	Coi	intry	Zip		Count	γ	8. This corporation	owes the current year Into	angible	_
24	25		29	30			Personal Proper	ty Tax.	☐ Yes	XNo.
	9. Name and Ad	dress of Current	Registered Aç	jent		_	10. Name and Add	ress of New Registered	Agent	,,,
				8	1 Name					
VEZZI, VINCENT S		82 Street		ddress (P.O. Box Number	is Not Acceptable)					
		VE			Ľ					<b>44.</b>
ORL	ANDO FL 32819		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/11/1998  4. FEI Number  59 - 35 / 1346  Suite, Apt. #, etc.  5. Certificate of Status Desired  City & State  City & State  6. Election Campaign Financing  Trust Fund Contribution  Applied For  Not Applicable  \$8.75 Additional  Fee Required  Fee Required  \$5.00 May Be  Added to Fees  Added to Fees  Added to Fees  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  77.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes  (NOTE: Registered Agent signature required when remstating)  DATE  RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition							
		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 05/11/1998  4. FEI Number 59 - 35 / 1346   Applied For Not Applicable 59 - 35 / 1346   Applied For Not Applicable 59 - 35 / 1346   Applied For Not Applicable 59 - 35 / 1346   Applied For Not A								
						'			.     `	1
11. Pursuant	to the provisions of	Sections 607.0502	and 607.1508,	Florida Statutes,	the abo	ve-named co	orporation submits this sta	tement for the purpose of	changing its	registered
office or r agent. I a	egistered agent, or b im familiar with, and	oth, in the State of accept the obligatio	Florida, Such ons of, Section	607.0505, Florida	a Statute	y the corporates.	ation's board of directors.	г петеру ассерт ше арроп	milen as re	gistered
SIGNATURE	, ,	, 25°	and sister if conficable	/NOTE: Da	valetorod An	ant eignature zen	uired when reinstation)	DATE		
12.	Signature, typed or printed			(10)12.10		ent alginature req			D DIRECTO	ORS IN 12
TITLE	PRES 1:		BIRLED TO THE	DELETE		· T				
NAME	VINCENT	S. KZZI			٠.					
STREET ADDRESS	5422/	PITCH PINE	DRI							
	MILAIDA	F122819			•		<i>:</i>	•		
CITY-ST-ZIP -	OPTIMES,	, , 500, 1		☐ DELETE					Change	☐ Addition
NAME						1				
STREET ADDRESS										
						!				
CITY-ST-ZIP TITLE	<del></del>			_	2.4 0111			• • • •		
NAME				□ DELETE	3.1 TITLE				Change	Addition
STREET ADORESS				☐ DELETE				*	Change	Addition
STREET ADDRESS				LI DELETE	3.2 NAME			*	Change	Addition
CITY OF THE				L. DELETE	3.2 NAME 3.3 STRE	ET ADDRESS		* * * * * * * * * * * * * * * * * * * *	Change	☐ Addition
CITY-ST-ZIP	, and	11. J. A.			3.2 NAME 3.3 STRE 3.4. CITY	E ET ADDRESS -ST-ZIP				
TITLE		1			3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE	ET ADDRESS -ST-ZIP				
TITLE NAME					3.2 NAME 3.3 STRE 3.4, CITY 4.1 TITLE 4. 2 NAM	ET ADDRESS -ST-ZIP		*		
TITLE NAME STREET ADDRESS					3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE	E E ET ADDRESS		*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	E E ET ADDRESS EST-ZIP E E E ET ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE	E ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	E ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP		*	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	E E E E E E E E E E E E E E E E E E E			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE	E E ET ADDRESS ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	E E E E E E E E E E E E E E E E E E E			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ DELETE	3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAME	E E E E E E E E E E E E E E E E E E E			☐ Change	☐ 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 24, 1999