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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # POROCOA3934

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90018 004 \*\*\*150.00

1. Corporation ANDREW	V VAC REALTY, INC.	340 <b>0</b> 04								•
Principal Place of Business Mailing Address							OGIIS EDISI O	INDE COME INDE	ilen <b>afb</b> t t <b>ab</b> t	
510 BAY ISLES ROAD 510 BAY ISLES ROAD						·				
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228						50 NOT MIDITE 11 TO 251 OF				
						DO NOT WRITE	IN THIS	SPACE		ι
						3. Date Incorporated or Qualifed 05/13/1998				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			olied For	1	
21 21		26	6			65-0844419			Applicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		İ
22		27						Fee Rec	<del>`</del>	-
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 t Added to	•	
Zip	Country	Zip	Cou	ntry	_	8. This corporation owes the curren	t year Inta			
24 34228	-3103 <sup>25</sup>	29 34228-3103	30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	Agent		ł
V40	ANDOFW			81 Nar	ne					
VAC, ANDREW			ł	82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable	e)			l
161/2 S. BLVD. OF PRESIDENTS				5:	L0_Ba	ay Isles Road				ł
SAR	ASOTA FL 34236			83						ļ
				84 City				85 Zip C	ode	1
					Lone	gboat Key	<u> FL</u>	1342	28-310	\$3
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	ihorized	by the co	ed corpo	ration submits this statement for the punished by accept to board of directors. I hereby accept	the appoir	itment as reg	jistered	
SIGNATURE		COLUMN C. C. C.	20.000.00	A cont sisses	um somuliand	uthon reinstations	DATE			_ ا
			Registered Agent signature required 13.		ure required	ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12	ő
TITLE	D OFFICERS AND	DELETE	1.1 717	1E	$\neg$	ADDITIONOL VINEED TO OF THE		X Change	Addition	11/08)
NAME	VAC, ANDREW		1.2 NAME							3
STREET ADDRESS	ACAMO O BLAD OF ODECIDENTO				ss c	510 Bay Isles Roa	a			8
CITY-ST-ZIP	SARASOTA FL 34236	•	1	Y-ST-ZIP		Congboat Key, FL	3 4 3 3 i	2 2102		6
TITLE	0/10/00/1/ 1/ 0 /200	☐ DELETE	2.1 TIT			Julighoat Rey, Fu-	<del>) 4 6 6 (</del>	Change	Addition	2
NAME			2.2 NA	ME	- 1					{
STREET ADDRESS				REET ADDRE	ss					
CITY-ST-ZIP				TY-ST-ZIP					_	
TITLE		DELETE 3.11						Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET ADDRE	SS					1
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			_			
TITLE		☐ DELETE	4.1 TIT	LE				☐ Change	Addition	}
NAME			4. 2 NAME		İ					
STREET ADDRESS			4.3 ST	REET ADDRE	SS					
CITY-ST-ZIP	<u> </u>		4.4 CI	Y-ST-ZIP						1
TITLE				TITLE		•		☐ Change	☐ Addition	
NAME			5.2 NA	ME	1					1
STREET ADDRESS			5.3 ST	REET ADOR	SS					
CITY-ST-ZIP				Y-ST-ZIP						1
TITLE		☐ DELETE	6.1 717	LE				☐ Change	☐ Addition	
NAME			6.2 NA	ME						Į
OFFICE ADDRESS			63 ST	REET ADORE	28					ì

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.

6.4 CITY-ST-ZIP

SIGNATURE: Andrew\_Vac

CITY-ST-ZIP

ndrew Vac ACM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99

941-383-9700