Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90087 032 ***150.00

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 # P98000044079

1. Corporation Name

VILLAGE	HEFEHHALS, INC.				
Drivers at Dioce	of Projects	Mailing Address		[(#0)/4001 ***********************************	4011 0161 0191 891 19610 161 161
Principal Place		-			
85992 OVERSEAS HIGHWAY P.O. BOX 1634 ISLAMORADA FL 33036 ISLAMORADA FL 33036					
IOLAMOTIADA T	L 33000	(ODAMOINION 1 E 00000		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
				05/15/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0842030	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Collinate of class bearing	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year.	
24	25		0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regis	
EL P	OURY, JOHN D		81 Name	ALEXA L. WHEELET	Ն
	GARDENIA STREET		82 Street A	ddress (P.O. Box Number is Not Acceptable)	-
	ERNIER FL 33070				<u> </u>
IAVE	THRIEN PE 33070		83 B	6992 DURESMAS H	wy
		1	84 City	FS LAMORA DA	FL 85 Zip Code 33 0 36
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, by the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of Section 607.0505, Florida Statutes.					
office or registered agent, or both, in the state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
onice or re	m familiar with and accomplishe obligation	tions of Section 607 0505 Florid	ta Statutes.	,	
	m familiar with and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	IFAFR 1/6	1/29
agent. I a	m familiar with and accomplete obligation	AVE	ta Statutes. XA L W. Registered Agent signature rec	15616K /6	0/19 ATE
	Signature, typed or printed name of registered agen	AVE	XAL WI	15616K /6	ATE RS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE: R	YAL Windered Agent signature req	ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, bleed or printed name of registered agen OFFICERS AN	nt and title if applicable (NOTE: R	XA L. Windowski Agent signature required 13.	ADDITIONS/CHANGES TO OFFICE PRESIDENT ALEXA L. WHEEVE	ATE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE	Signature, bleed or perited name of registered agen OFFICERS AN	nt and title if applicable (NOTE: R	tegistered Agent signature reg	ADDITIONS/CHANGES TO OFFICE PRESIDENT ALEXA L. WHEFLE	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME	Signature, speed or perited name of registered agen OFFICERS AN D WHEELER, ALEXA L	nt and title if applicable (NOTE: R	togistered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICE PRESIDENT ALEXA L. WHEELE ITTE QUESTAST TAUGRNIGR 72 336	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, bleed or perited name of registered agen OFFICERS AN D WHEELER, ALEXA L 117 TEQUESTA STREET	nt and title if applicable (NOTE: R	togistered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICE PRESIDENT ALEKA L. WHEELE IT TE QUESTA ST TAUERNIER, TL 330 V. PLUS, SEC, TROSS	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D WHEELER, ALEXA L 117 TEQUESTA STREET TAVERNIER FL 33070 D	nt end title if applicable (NOTE: R	togistered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICE PRESIDENT ALEXA L. WHEELE IT TE QUESTAST TAUERNIER, FL D30 V. PLUS, SEC, -TRUSY JOHN D. EL KOVRY	RS AND DIRECTORS IN 12 Change Addition 770 CREE Schange Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D WHEELER, ALEXA L 117 TEQUESTA STREET TAVERNIER FL 33070	nt end title if applicable (NOTE: R	tegistered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE PRESIDENT ALEXA L. WHEELE IT TEQUESTAST TAUERNIER, 72 330 V. PLUS, SEC, TRASS LONN D. EL KOVEN	RS AND DIRECTORS IN 12 Change Addition
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14. I hereby certify that the information supplied with his 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 of the receiver of 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 adaction of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

315 664-2025