

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90087 032 ***150.00

DOCUMENT # P98000044079

1. Corporation Name

VILLAGE REFERRALS, INC.



Principal Place of Business

85992 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 1634
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0842030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

EL KOURY, JOHN D
211 GARDENIA STREET
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name ALEXA L. WHEELER

82 Street Address (P.O. Box Number is Not Acceptable)

83 85992 OVERSEAS HWY

84 City ISLAMORADA

FL

85 Zip Code 33036

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, in 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

ALEXA L. WHEELER

DATE

1/6/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WHEELER, ALEXA L
STREET ADDRESS 117 TEQUESTA STREET
CITY-ST-ZIP TAVERNIER FL 33070

TITLE D ☐ DELETE
NAME EL KOURY, JOHN D
STREET ADDRESS 211 GARDENIA STREET
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME ALEXA L. WHEELER
1.3 STREET ADDRESS 117 TEQUESTA STREET
1.4 CITY-ST-ZIP TAVERNIER, FL 33070

2.1 TITLE V.P.M.S., SEC. - TREASURER ☒ Change ☐ Addition
2.2 NAME JOHN D. EL KOURY
2.3 STREET ADDRESS 211 GARDENIA STREET
2.4 CITY-ST-ZIP TAVERNIER FL 33070

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99

315 664-2025

CR2E034 (11/98)

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