

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -7 AM 10:07

DOCUMENT # **P98000047315**

1. Corporation Name  
**VIACORP INC.**

Principal Place of Business  
**1909 OAKHURST AVE  
WINTER PARK FL 32789**

Mailing Address  
**1909 OAKHURST AVE  
WINTER PARK FL 32789**

**REINSTATEMENT**

99-00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6733 Edgewater Commerce  
Suite, Apt. #, etc. Parkway**

2a. Mailing Address

**same**  
Suite, Apt. #, etc. **n/a**

City & State  
**Orlando, Florida**

Zip Country  
**32810 25 USA**

City & State

**same**

Zip Country  
**same 30 same**

3. Date Incorporated or Qualified  
**05/27/1998**

4. FEI Number  
**59-3521421**

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHEN, MERVYN  
1909 OAKHURST AVE  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name  
**Chen, Mervyn**

82 Street Address (P.O. Box Number is Not Acceptable)  
**935 N. Shine**

83  
84 City **Orlando**

FL 85 Zip Code  
**32804**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/29/00**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CHEN, MERVYN**  
STREET ADDRESS **1909 OAKHURST AVE**  
CITY-STATE-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Chen, Mervyn**  
1.3 STREET ADDRESS **935 N. Shine**  
1.4 CITY-STATE-ZIP **Orlando, FL 32804**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: **CHEN, MERVYN**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

(407) 445-6300

Daytime Phone #