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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048432

1. Corporation Name

VANTOM ENTERPRISES CORP.

Principal Flace of Business	Mailing Address

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90050 035 ***150.00

Principal Flace of Business Mailing Address						1 19911991 100101 10101 10111 00111 00	111 28 111 28 111	#1201 12111 21222	11119 1131 1881	
8316 WEST OAKLAND PARK BOULEVARD 8316 WEST OAKLAND PARK E SUNRISE FL 33351 SUNRISE FL 33351		BOULEVA	RD							
		•		1	DO NOT WRITE IN THIS SPACE					
							Date Incorporated or Qualifed	TE IN THIS	3 SPACE	
						,	06/01/1998			
2 Principal Pl	ace of Business	2a, Mailing	a Address				, FEI Number		Ap	plied For
21	26. Maining Address 26					65-0843712		No	Applicable	
Suite, Apt.	#, etc.		Apt. #, etc.						\$8.75 A	dditional
22		27				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. Certifcate of Status Desired		Fee Re	/quired
City & Sitate	9	City &	State			Ε	Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		_ Countr □	У	∫ ε	. This corporation owes the cur	rent year In	ntangible Ves	7
24	25	29	31	10			Personal Property Tax. Name and Address of New	Panietarus		□No
	9. Name and Address of Curre	ni Registered A	lgent	8	1 Name	<u> </u>	, Name and Address of New	Kegisteit E	Agent	
AME	RILAWYER			[HNN.	H CHUNG			
	ALMERIA AVENUE			8:	2 Street	Address	P.O. Box Number is Not Accept	able)		
1	AL GABLES FL 33134			8:	3			<u> </u>	0 1 1	
				Ľ	1 83	<u>3/6 </u>	W. Oakland	ark	Bird	
				8-	4 City	5		FI	85 Zip C	35/
A4 Purpus pt	to the provisions of Sections 607.05	05 and 607 1508	R Florida Stati tes	the abo	ب ب ve-named	cr morati	-/Se. on submi s this statement for the	purpose o	f changing its	registered
office or re	enister e d adent, or both, in the State	ert Florida, Such	n change was auth	nonzed b	v the corpo	oration's	poard of directors. I hereby acce	pt the apro	pintment as reg	gistered
agent. I ai	m familiar with, and accept the obliga	ations of, Section	n 607.0505, Piona	a Statute	s.		2	1-20	-99	
SIGNATURE	Signature Typed or printed/na ne of registered ago	ent and title if applicabl	e (NOT ER	egistered Ag	ent signature re	required when	<u></u>	DATE		
12.		NI) DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	F:S IN 12
TITLE	PTD		DELETE	1.1 TITLE		Γ-			Change	☐ Addition
NAME	CHUNG, ANN H			1.2 NAME	:					
STREET ADDRESS	8316 WEST OAKLAND PARK	Boulevard		1.3 STRE	ET ADDRESS	İ				
CITY-ST-ZIP	SUNRISE FL 33351			1.4 CITY-	ST-ZIP					
TITLE	SVD		DELETE	2.1 TITLE		İ			Change	Addition
NAME	CHUNG, THOMAS S			2.2 NAME		ļ				(
STREET ADDRE 3S	8316 WEST OAKLAND PARK	BOULEVARD		2.3 STRE	ET ADDRESS					ľ
CITY-ST-ZIP	SUNRISE FL 33351			2. 4 CITY						- Addition
TITLE			DELETE	3.1 TITLE		VPD			Change	Maddition
NAME	ı			3.2 NAME		ELBA	West Oakland I West FL 3335	Park 1	sind	
STREET ADDRE 3S					ET ADDRESS	8316	West Darland I	s)	.,,,,	
CITY-ST-ZIP			□ DELETE	3.4 CITY		1344	MSE FE JUJE		☐ Change	Addition
TITLE			- AFTELE	4.1 TITLE					- Subrida	J
NAME				4. 2 NAM						
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP			☐ DELETE	4.4 CITY- 5.1 TITLE		 			Change	Addition
TITLE				5.1 IIILE						
NAME CTOEFT ADDOCK C				1	ET ADDRESS					
STREET ADDRESS				5.4 CITY-		}				}
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE		 			Change	Addition
NAME			_	62 NAME	:	ļ				Į
STREET ADDRESS				6.3 STRE	ET ADDRESS					
CITY-ST-ZIP				6.4 C/TY-						İ

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 1 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 chapted, ar on an attachment with an address, with all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR