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

PROFIT CORPORATION ANNUAL REPORT 1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Paga

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90009 034 ***158.74

1. Corporation Name 1000054556 Vek							
					* 5 4 8 1 1	6 •	
MILL	11171 7 10				* 5 48116 - 90009 - 34	;	
Principal Plac	MITH, INC.	Mailing Address					
	5. ω. 25 ⁴ S	3					
7,001	5. W. 25 - C	meet			DO NOT WOLTE IN THE		
HOLLYWOOD, FL 33023					DO NOT WRITE IN THIS SPACE		
,,,,,,,	,				June 17, 1998		
2. Principal P	Place of Business	2a. Mailing Address	01	/ D	4 EEL Niverbon		pplied For
34		26 SAME AS	V)A	110 of Bi	5. 165-0849639		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		ic po			Additional
22		27		Y	5. Certificate of Status Desired	•	Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
- Zip	Country	Zip	Coun	try	8. This corporation owes the current year	Intangible	
24	25	29	30	•	Personal Property Tax.	☐ Yes	I Z No
	9. Name and Address of Current		-		10. Name and Address of New Registere	d Agent	
			i	81 Name			
Steve	L. Smith		<u> </u>		(D.O. B., N., and J. M.)		
4251	5 11) 25th 5	reet	'	82 Street Add	ress (P.O. Box Number is Not Acceptable)		'
7001	5.W. 25th St -4000, FL 330	 1		B3			
Home	VILLOOD & 320	12					
MOLL	-yeoco, 12 3.30	25	1	B4 City	F	■ 85 Zip	Code
11 Durement	to the provisions of Sections 607 0502	and 607 1509. Elorida Statute	e the ab		poration submits this statement for the purpose		s registered
office or r	registered agent, or both, in the State of	Florida. Such change was au	thorized	by the corporati	on's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	am familiar with, and accept the obligation	ns of, Section 607.0505, Flori	da Statut	es.			
SIGNATURE					ad when reinstating) DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Hegistered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	ORS IN 12
TITLE	D/P	DELETE	1.1 TITL	F	ADDITIONO/OFFICERO	[] Change	Addition
						_ ,	_
NAME	Steve L. Smith 4351 SW 2510 Street		1.2 NAV				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZiP		3023	_	/-ST-ZIP		Change	Addition
TITLE	DIS TOTAL SILVENIA SMIT	JACQUELYNN SMITH 4351 S.W. 25th Street 22N 23S				□ Change	
NAME	JACQUELYNN STITT						
STREET ADDRESS	4351 S.W. 25-			EET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33	x033		Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E		Change	☐ Addition
NAME:				Æ	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4 1 TITL	E		☐ Change	Addition
NAME			4, 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E		☐ Change	☐ Addition
NAME	,		5.2 NAM	E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STR	EET ADDRESS			
			6.4 CITY	-ST-ZIP			
	Legify that the information supplied with	this filing does not qualify for			Section 119.07(3)(i), Florida Statutes, I further of	ertify that the	information
CITY-ST-ZIP 14. I hereby of indicated officer or	on this annual report or supplemental a	nnual report is true and accur. or or trustee empowered to ex	6.4 CITY the exem ate and the ecute this	ption stated in S nat my signature report as requi	Section 119.07(3)(i), Florida Statutes. I further c e shall have the same legal effect as if made un ired by Chapter 607, Florida Statutes; and that	ider oath; that	i am an

OF SIGNING OFFICER OR DIRECTOR