**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000063189 1. Corporation Name VCC CONSTRUCTION & DEVELOPMENT, INC.

## Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90096 023 \*\*\*150.00

TOO DONOTHOU IN A DEVELOR MENT INO		
Principal Place of Business Mailing Address		
12820 THIRD ISLE NORTH 12820 THIRD ISLE NORTH		
HUOSON FL 34667 HUOSON FL 34667	•	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed
		07/17/1998
2. Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For
110: This Tile 1 11810 This	rs Isli	59-3522 848 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City/& State City/& State	FL	Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip Country (154 Zip 21/1/17	Country USA	8. This corporation owes the current year Intengible Personal Property Tax.
24 34667 25 USAT 29 34667 34	0 00	10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent	81 Name	
COSTA, VICORIA MARES DENT & Sole		
12820 THIRD ISLE NORTH BIR 20 TO	82 Street Add	ress (P.O. Box Number is Not Acceptable)
HUDSON FL 34667	83	
	84 City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida, Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE</li> </ol>	la Statutes.	
Stignature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE PRESIDENT/ SOLE DIRECTOLOGELETE  NAME VICTORIN M. COSTAT  STREET ADDRESS 12820 Third FSLC IN	12 NAME	
NAME VICTORIAT M. COSTA	1.3 STREET ADDRESS	1
STREET ADDRESS 12820 Third 756010	1.4 CITY-ST-ZIP	•
TITLE   Hull SON / /- C 39 CC   DELETE	2.1 TITLE	Change Addition
I III.E	22 NAME	
NAME	2 3 STREET ADDRESS	.
STREET ADDRESS	2.4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	1
CITY-ST-ZIP	3.4. CITY-ST-ZIP	
TITLE DELETE	4.1 TITLE	Change - Addition
NAME	4. 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
	4.4 (4) 11-01-22	
TITLE DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE (		☐ Change ☐ Addition
NAME	5.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	5.1 TITLE 5.2 NAME 4 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
NAME	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 4 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	

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 eath; 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: