

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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90048 049 \*\*\*150.00

0163578

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000071664**

1. Corporation Name  
**V.R. OVERSEAS, INC.**



Principal Place of Business <b>2182 NW 18TH AVE., UNIT 24 POMPANO BEACH FL 33069</b>	Mailing Address <b>5851 HOLMBERG RD. #2112 PARKLAND FL 33067</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/13/1998**

4. FEI Number

**65/0863780**

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  
21 **265 GOOLSBY BLVD**

2a. Mailing Address  
26 **3641 W. HILLSBORO BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 **DEERFIELD BEACH FL**

27 City & State  
28 **COCONUT CREEK FL**

24 Zip **33442** 25 Country **USA**

29 Zip **33073** 30 Country **USA**

9. Name and Address of Current Registered Agent

**REDMAN, VENESSA  
5851 HOLMBERG RD. #2112  
PARKLAND FL 33337**

10. Name and Address of New Registered Agent

81 Name	<b>REDMAN VENESSA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3641 W. HILLSBORO BLVD #F102</b>
83 City	<b>COCONUT CREEK</b>
84 City	<b>FL</b>
85 Zip Code	<b>33073</b>

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

*V. Redman*  
Signature, typed or printed name of registered agent and title if applicable.

**VENESSA REDMAN**

(NOTE: Registered Agent signature required when reinstating)

**5/27/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REDMAN, VENESSA</b>
STREET ADDRESS	<b>5851 HOLMBERG RD. #2112</b>
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>REDMAN VENESSA</b>
1.3 STREET ADDRESS	<b>3641 W. HILLSBORO BLVD #F102</b>
1.4 CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*V. Redman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VENESSA REDMAN** 5/27/99 954-4275959  
Date Daytime Phone #

CR2E034 (11/98)