

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90130 002 ***150.00

DOCUMENT # P98000076863

Corporation Name
VAN-DE-LAY INTERNATIONAL, INC.

Principal Place of Business

4508 SO. TRASK AVENUE
TAMPA FL 33611

Mailing Address

4508 SO. TRASK AVENUE
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

☒ 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 3012 W. ESTRELLA AVE

Suite, Apt. #, etc.

22 Ste. 202

23 TAMPA, FLA

24 33629 25 USA

2a. Mailing Address

26 3012 W. ESTRELLA AVE

Suite, Apt. #, etc.

27 Ste 202

28 TAMPA FLA

29 33629 30 USA

9. Name and Address of Current Registered Agent

SIERRA, MICHAEL
703 WEST SWANN AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOFFITT, MICHAEL F JR.
STREET ADDRESS 4508 SO. TRASK AVENUE
CITY-ST-ZIP TAMPA FL 33611

TITLE STD
NAME HANNON, MARK
STREET ADDRESS 4508 SO. TRASK AVENUE
CITY-ST-ZIP TAMPA FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (ADDRESS) ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3012 W. ESTRELLA AVE, Ste 202
1.4 CITY-ST-ZIP TAMPA FLA 33629

2.1 TITLE (ADDRESS) ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3012 W. ESTRELLA AVE, Ste 202
2.4 CITY-ST-ZIP TAMPA FLA 33629

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-882-5851

CR2E034 (11/98)