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

DOCUMENT # P98000089171

1. Corporation Name

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90050 042 ***158.75

	V2K, INC.									
Principal Plac	ce of Business	Mailing Addre								
Trinoipai Tia	co di Dadiricas	Walling / tour	J.3.3							
V2K, I		V2K, INC	•							
23110 State Rd. 54 23110 State Rd. 54						DO NOT WRITE IN THIS SPACE				
Suite 360 Suite 360						3. Date Incorporated or Qualifed				
Lutz.	FL 33549 Place of Business	Lutz, FL					October 19,19	98		
2. Principal F	Place of Business	2a. Mailing Ar	ddress				4. FEI Number		Ap	plied For
21		26		<u>_</u> _			59-3545581			t Applicable
Suite, Apt.	. #, etc.	Suite, Apt	, #, etc.				5. Certificate of Status Desired	K i	\$8.75 A	
22		27							Fee Re	 -
City & Sta	te	City & Sta	ite				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added to	o Fees
Zìp —	Country	Zip	· · · · · · · · · · · · · · · · · ·	Country	- -		-8. This corporation owes the curre	nt.year.inta		X]No
24	25 25 Company of Company of Company	29	30				Personal Property Tax.			OTINO I
<u> </u>	9. Name and Address of Cui	rrent Registered Agei	nt	81	Name		10. Name and Address of New Ro	gistered A	(gent	
	Vincent A. O'E	Brien			, , , , , , ,					
8903 Regents Park Drive					Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)		
1	Suite 110	ark Drive		83						
		4 7		03						Į
	Tampa, FL 3364	± /		84	City				85 Zip C	ode
<u> </u>				لبب				<u>FĻ</u>	لـــ	
11. Pursuant	t to the provisions of Sections 607. registered agent, or both, in the St.	.0502 and 607.1508, FI late of Florida. Such ch	lorida Statutes, t lange was autho	he above rized by	e-named the corp	corpor oration	ration submits this statement for the pairs board of directors. I hereby accept	the appoin	thanging its it	registered iistered
	am familiar with, and accept the ob					-	, ,	, ,	•	ĺ
SIGNATURE										
42	Signature, typed or printed name of registered		(NOTE Regi	stered Agen	t signature i	required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS ANI	O DIRECTO	DS IN 12
12.	, 	AND DIRECTORS) DELETE	1.1 TITLE		Τ -	ADDITIONS/CHANGES TO OFF	ICERS AIN	Change	Addition
	P		, DECETE	1.2 NAME					change	
NAME.	Richard James		1							ì
STREET ADDRESS	L TODOL TIME TOWN		,	1.3 STREET						
CITY-ST-ZIP	Wesley Chapel,		DELETE	1.4 CITY-ST	r-ZIP	├			Change	Addition
TITLE	V	L		21 TITLE					□ Change	[] Addition
NAME	Harold Henk		7	2.2 NAME						
STREET ADDRESS	1135 Fox Chape	el Drive		2.3 STREET						Į
CITY-ST-ZIP	Lutz, FL 33549	}		2. 4 CITY-S	T-ZIP	 			[] Change	CT Addition
TITLE	5 T			3.1 TITLE		1			Change	Addition
NAME	STACY N. Keisler			32 NAME	_			_		
STREET ADDRESS	· ·		1	3.3 STREET	ADDRESS					-
CITY-ST-ZIP										
TITLE	wesler CHAPPEL, FL. 3	<u> </u>		3.4. CITY-S	T-ZIP	├				Addition
	Wesley CHAREL, FL. 3	73543	DELETE	41 TITLE	T-ZIP				☐ Change	
NAME	Wesley CHAREL, FL. 3	<u> </u>	DELETE		T-ZIP				☐ Change	, regimen
NAME STREET ADDRESS		<u> </u>	DELETE .	41 TITLE	-				Change	, Nodino
STREET ADDRESS			DELETE	4 1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS					
STREET ADDRESS			DELETE DELETE	4 1 TITLE 4, 2 NAME 4,3 STREET 4,4 CITY-ST 5,1 TITLE	ADDRESS				☐ Change	Addition
STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS - ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE	,		DELETE DELETE	4 1 TITLE 4, 2 NAME 4, 3 STREET 4, 4 CITY-ST 5, 1 TITLE 5, 2 NAME 5, 3 STREET	ADDRESS -ZIP ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME	,		DELETE DELETE	4 1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS -ZIP ADDRESS				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,		DELETE DELETE	4 1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		DELETE DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 6.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME	ADDRESS -ZIP ADDRESS -ZIP				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE DELETE	4 1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP				Change	☐ Addition

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.

Marca Llatu # RICHARD

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)