## 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 May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 023 \*\*\*150.00

## DOCUMENT # P98000099605

V & J'S HIDEAWAY, INC.

Principal	Place	of	Business

Mailing Address



70 S.E. 2ND AVI	ENUE	70 S.E. 2ND AVENUE							
#E-204 #E-204 DEERFIELD BEACH FL 33441-5419 DEERFIELD BEACH FL 33441-5419			DO NOT WRITE IN THIS SPACE						
DELATICED BEACH PE SATISTICS DELATICED BEACH PE SATISTICS		3. Dat	3. Date Incorporated or Qualifed						
					11/3	30/1998			1
2. Principal P	lace of Business	2a. Mailing Address				Number		Ap	oplied For
21 5 400	O NORTH PIXIC HWY	26 5400 NORTH	DIS	ue Hw	¥   6	5-0878	3755	No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	<del></del>			tifanta of Status Danie	ed 🗆	\$8.75	Additional
22		27			5. Cer	tifcate of Status Desir	eo 🗀 _	Fee Re	equired
City & Stat		City & State		_	6. Elec	ction Campaign Finan	cing	\$5.00	May Be
23 BOC1		28 BOCA RATON		LORID	A Trus	st Fund Contribution		Added	to Fees
Zip	Country	Zip	Counti	,		s corporation owes the	e current year in		ا بد
3348		29 33487 30	<u>l V</u>	<u>,5,A</u>		sonal Property Tax.		☐Yes	No.
	9. Name and Address of Current I	Registered Agent		41 41	$\overline{}$	ne and Address of I	lew Registered	Agent	
BUDL	ONALI IAMES		8	1 Name	BORT	DOWALL	TRME	<b>5</b> 5	
BORDONALI, JAMES 70 S.E. 2ND AVENUE			2 Street A	Address (P.Q. Box Number is Not Acceptable)					
			Ļ	466	Q MA	MMOCK_	CIRCL	٤	
#E-20			8	3					
DEER	FIELD BEACH FL 33441-5419		8	4 City		O = = 1		85 Zip	Code
	~			$\Box 2e$	LRAY	BEACH	<u> </u>		3445
11. Pursuant	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the abo	ve-named o	orporation sub	omits this statement for	or the purpose of	f changing its	registered
agent. I a	m familiar with, and accept the obligatio	ons of, Section 607.0505, Florida	Statute	s.	auon 5 board	or directors. The obj	accept the appe		,
SIGNATURE						·			
	Signature, typed or printed name of registered agent a			ent signature req	uired when reinstal		DATE	ID DIDEOTO	200 111 10
12.	OFFICERS AND		13.		ADD	ITIONS/CHANGES T	O OFFICERS A	DIRECTC Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE					☐ Citalige	Addition
	BORDONALI, JAMES		1.2 NAME						
		_		ET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441-541		1.4 CITY-				<del></del>	Change	Addition
TITLE		☐ DELETE	2.1 TITLE					Change	- Addition (
NAME			2.2 NAME						}
STREET ADDRESS			2.3 STRE	ET ADDRESS					
CITY-ST-ZIP			2.4 CITY	-					
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME .			3.2 NAME	·					,
STREET ADDRESS			3.3 STRE	ET ADDRESS					1
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE		☐ DELETE	4.1 TIFLE					☐ Change	Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u> </u>			
TITLE		☐ DELETE	5.1 TITLE	- 1				☐ Change	☐ Addition
NAME			5.2 NAME	1					}
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE		· · · · ·		_	☐ Change	☐ Addition
NAME		•	6.2 NAME	<b></b>					
STREET ADDRESS		•	6.3 STRE	ET ADDRESS					

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 adaptess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP