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

PROFIT CORPORATION ANNUAL REPORT

1997

V.O. PROPERTIES, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$42370

(4)

## **FILED** Mar 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 945 SPRING ROAD C/O RICHARD OSTERER PELHAM MANOR NY 10803 945 SPRING ROAD PELHAM MANOR NY 10803-2714					, <u></u>				
					3. Date Incorporated or Qualified 04/02/1991		ate of Last F /11/1996		
2. Principal Pi:	ice of Business	2a. Mailing Address	<del></del>		<del>,</del>	4. FEI Number 65-0251605		IA	pplied For
21     Sorte, Apr. #		26							ot Applicable Additional
22		27				5. Certificate of Status Desired	L.J	T	equired
City & State		City & State				6. Election Campaign Financing	F4		May Be
<b>23</b> ] Zip	Country	7 <sub>(p)</sub>	Cou	ntry		Trust Fund Contribution  8. This corporation has liability for	السا		to Fees
24	25	29	30	··· y			Yes	No No	3. 199.032,
	9, Name and Address of Curr					10, Name and Address of New R	egistered	Agent	
	CKRISE, SALLY S			B1	Name				
-	CHILLINGWORTH DRIVE IT PALM BEACH FL 33409		j	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
WEG	IT ( ALM BLACK I'L 50-108		ļ	83					~~
			ĺ	04	<u> </u>				<u> </u>
			ļ	84	City		FL	85 Zip	Code
SIGNATURE 12.	I familiar with, and accept the obt	operand steel application (	NOTE flugrislered	d Agent	signatus requied	d when reascating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
INTE	OSTERER, RICHARD	DELETE	1.1 10					Change	Addition
NAME STREET ADDRESS:	945 SPRING ROAD		1.2 N/ 1.3 ST		DDAESS				
City-51-700	PELHAM MANOR NY 10803	}	L	TY-57-	1				
THIF		DELETE	2.1 10	ILE				Change	Addition
NAME			22 N/						
STREET ADORESS					DDRESS				
fort		DELETE	31 Ti	ITY-ST- ILF	- 2117			Change	Addition
NAME [			32 N	ME					
SPRIELADDRESS			3.3 \$1	HEET AE	DORESS				
CGA-8: No.		T Divers		ITY ST	- 7IP				
1151.6		[_] DELETE	4.1 (1)					Change	Addition
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CHY S1-Z#				17-S1-					
TIRE		DELETE	5.1 11		<del></del>			Change	Addition
NAME			5 2 N/	ME	1				
STREET ALL PRESS					DDRESS				
Table		DELETE	5.4 CI 6 1 TI	TY-ST- TLF	ZIP			Change	Addition
NAME			62 N/					onango	
STREET ADDRESSS					DDRESS				
CJY 51-200	ساه السلمسية وورد والمالي والسو		6.4 CI	TY-51-	7IP		····		

Los hereby certify final the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information because it is information to the exemption of 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 charged, or on an altachment with an address.

SIGNATURE:



Daylore Prone #

0006575