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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$4237

(4)

V.O. PROPERTIES, INC.

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**FILED** 

Mar 18 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

915 SPRING ROAD C/O RICHARD OSTERER

PELHAM MANOR NY 10803 945 SPRING ROAD DO NOT WRITE IN THIS SPACE PELHAM MANOR NY 10803 3. Date Incorporated or Qualified 04/02/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-025 1605 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$6.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROCKRISE, SALLY S 707 CHILLINGWORTH DRIVE Street Address (P.O. Box Number is Not Acceptable) R2 WEST PALM BEACH FL 33409 83 City Zip Code 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 agont, 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, typied or printed name of registered agent and tion it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE OSTERER, RICHARD NAME 1.2 NAME 945 SPRING ROAD STREET ADDRESS 1.3 STREET ADDRESS PELHAM MANOR NY 10803 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 eath; 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 pandress.

SIGNATURE:

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3/11/98

PPE034 (1097)