CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

(561)487-9630

Suite, Apt. #, etc. Suite, Apt. #, etc.		NUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS		Secretary of State		
Seek LYONS ROAD 1964 LYONS	 Corporatio 	n name	5 (5)			
See Lives Robb See						
2. Principal Place of Business	19146 LYONS ROAD 19146 LYONS ROAD BOCA RATON FL 33434 BOCA RATON FL 33434		19146 LYONS ROAD BOCA RATON FL 33434-553	36		
SUBJECT APPRIOR STATE AND PRICE SUBJECT APPRIOR STATE AND STATE AN					06/18/1991	
Country State Cry & Stat	·····································			•		·
City & State Country Zrp Zrp Country Zrp	Suite, Apt #, etc.		— <u> </u>			
Country Zip Country Zip Country St. This corporation has flability for interrigible tax under a 198 0.02, Florida Statutes Florida Statutes Florida Statutes St. Name and Address of New Registered Agent AVEN, JACK S1946 LYONS ROAD BDCA RATION FL 33434 S2 Street Address of New Registered Agent S2 Street Address S2 S2 Street Address S2 Street Address S2 S2 Street Address S2 S2 S2 S2 S2 S2 S2		0	City & State		, -	\$5.00 May Be
JAVEN, JACK 1914 LYONS ROAD BOCA RATION FL 33434 182 Street Address (P.O. Box Number is Not Acceptable) 193 Street Address (P.O. Box Number is Not Acceptable) 194 Oily 195 PL 195 Zip Code 195		25	Zip 29 3		This corporation has liability for in Florida Statutes	nlangible tax under s. 199.032, Yes No
11. Pursuant to this provisions of Sections 607.0502 and 607.1508, Fibrida Statutes. The above-animated corporation submits this statement for the purpose of changing its registered agent. I control to this provisions of Sections 607.0502 and 607.1508, Fibrida Statutes. The above-animated corporation submits this statement for the purpose of changing its registered agent. I control to the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation submits this statement for the purpose of changing its registered agent. I control the corporation is submits. It is attained to corporation submits this statement for the purpose of corporation submits this statement for the purpose of corporation submits. It is attained to corporation submits this statement for the purpose of corporation submits this statement for the purpose of corporation submits. It is attained to the purpose of corporation submits this statement for the purpose of corporation submits this statement for the purpose of corporation submits the statement for the purpose agent age	JAN		ent Registered Agent	B1 Name	10. Name and Address of New Rec	listered Agent
11. Pursuant to the provisions of Sections 607 0562 and 607 1508, Florida Stabules. The above named corporation's submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Stabules. SIGNATURE SIGNATURE 12.	191	46 LYONS ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable	Θ)
11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and manifer with, nather with		571 1011 OH 1 E 50101		83		
office or registered agent, or both, in the State of Florida. Such change was author/zed by the corporation's board of directors. I hereby eccept the appointment as registered agent I am attenuate with, and accept the obligations of, Section 607/505-5, Florida Statutes. SIGNATURE				84 City		FL 85 Zip Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11/11LE Change Addition Addi	11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	i02 and 607.1508, Florida Statutes te of Florida, Such change was au	s, the above-named corp thorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
12. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IULE NAME STREET ADDRESS CITY ST. 7P RUBIN, MICHAEL S. STREET ADDRESS BOCA RATON FL UNITE DVTS JAVEN, JACK 32 NAME STREET ADDRESS BOCA RATON FL 33 STREET ADDRESS BOCA RATON FL 34 CITY ST. 7P BILLE V COHEN, HAROLD 18 STREET ADDRESS BOCA RATON FL 34 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 34 CITY ST. 7P STREET ADDRESS BOCA RATON FL 34 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 45 STREET ADDRESS BOCA RATON FL 46 CITY ST. 7P STREET ADDRESS BOCA RATON FL 46 CITY ST. 7P STREET ADDRESS BOCA RATON FL 47 STREET ADDRESS BOCA RATON FL 48 STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 40 CITY ST. 7P STREET ADDRESS BOCA RATON FL 41 CITY ST. 7P STREET ADDRESS BOCA RATON FL 41 CITY ST. 7P STREET ADDRESS BOCA RATON FL 41 CITY ST. 7P STREET ADDRESS BOCA RATON FL 41 CITY ST. 7P STREET ADDRESS BOCA RATON FL 42 CITY ST. 7P STREET ADDRESS BOCA RATON FL 43 STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P STREET ADDRESS BOCA RATON FL 44 CITY ST. 7P S	CIPKIATURE					
DELETE 1.1 TITLE Change Addition		OFFICERS A		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-SI-ZIP DP DELETE Z1TITLE DVTS DOCA RATON FL Z4 CITY-SI-ZIP DVTS DOCA RATON FL Z4 CITY-SI-ZIP DVTS DAVE STREET ADDRESS DOCA RATON FL Z4 CITY-SI-ZIP DVTS DAVE DAVE DAVE DAVE DAVE DAVE DAVE DAVE		! -	☐ DELETE			
WEST PALM BEACH FL 1A-CITY-ST-ZIP DP DELETE 21 TITLE DP RUBIN, MICHAEL S. 19148 LYONS ROAD 23 STREET ADDRESS BOCA RATON FL 24 CITY-ST-ZIP TITLE DVTS JAVEN, JACK 19148 LYONS ROAD 33 STREET ADDRESS SITEFL ADD	į			R '''		
RUBIN, MICHAEL S. STRET ADDRESS 19146 LYONS ROAD 23 STRET ADDRESS CITY ST-7IP BOCA RATON FL DYTS NAME JAIVEN, JACK 31 STRET ADDRESS 19148 LYONS ROAD 33 STRET ADDRESS CITY-ST-7IP TILLE V DELETE AT THE DELETE ADDRESS BOCA RATON FL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS BOCA RATON FL ADDRESS ADDRESS ADDRESS ADDRESS BOCA RATON FL ADDRESS ADDRESS ADDRESS ADDRESS BOCA RATON FL ADDRESS BOCA RATON FL ADDRESS ADDRESS ADDRESS ADDRESS BOCA RATON FL BOCA RATO						
STREET ADDRESS OCTY ST-ZP BOCA RATON FL DELETE DVTS JAVEN, JACK JACK JAVEN, JACK JAVEN, JACK JAVEN, JACK JAVEN, JACK JAVEN, JACK JACK JAVEN, JACK JAVEN, JACK JAVEN, JACK JACK JAVEN, JACK JAVEN, JACK JACK JAVEN, JACK JACK JACK JACK JAVEN, JACK JACK JACK JACK	TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
CITY_ST_ZIP DVTS						
DELETE STREET ADDRESS DELETE STREET ADDRESS STREET ADDRESS DELETE DELETE STREET ADDRESS DELETE STREET ADDRESS DELETE DELETE STREET ADDRESS DELETE DELETE STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP DILLE V DELETE COHEN, HAROLD 19146 LYONS ROAD STREET ADDRESS CITY-ST-ZIP DELETE A1TITLE V ADDRESS CITY-ST-ZIP DELETE A1TITLE COHEN, HAROLD 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE V DELETE 5.1 TITLE V DELETE 5.1 TITLE Change Addition Change Addition Change Addition Addition Change Addition Chang		DVTS	☐ DELETE			Change Addition
COMEN, HAROLD NAME COHEN, HAROLD STREET ADDRESS DITY- ST-ZIP TITLE V DELETE 4.1 TITLE COHEN, HAROLD 4.2 NAME 4.3 STREET ADDRESS DITY- ST-ZIP TITLE V DELETE 5.1 TITLE V DELETE 5.1 TITLE Change Addition Change	NAME			3.2 NAME		
TillE				3.3 STREET ADDRESS		
NAME STREET ADDRESS 19146 LYONS ROAD BOCA RATON FL UTILE WELLS, MONICA D STREET ADDRESS CITY-S1-7IP BOCA RATON FL DELETE STREET ADDRESS CITY-S1-7IP TITLE WELLS, MONICA D STREET ADDRESS CITY-S1-7IP BOCA RATON FL STREET ADDRESS CITY-S1-7IP TITLE V DELETE STREET ADDRESS CITY-S1-7IP TITLE V DELETE STREET ADDRESS CITY-S1-7IP TITLE V DELETE STREET ADDRESS STREET ADDRESS CITY-S1-7IP TO CENTURY BLVD. G3 STREET ADDRESS CITY-S1-7IP 4.2 NAME STREET ADDRESS CITY-S1-7IP Change Addition		V BUCA KATUN PL	DELETE		,	Change Addition
STREET ADDRESS CITY-SI-7IP BOCA RATON FL 13 STREET ADDRESS CITY-SI-7IP WELLS, MONICA D STREET ADDRESS CITY-SI-7IP BOCA RATON FL 19146 LYONS ROAD 52 NAME STREET ADDRESS CITY-SI-7IP TITLE V Change Addition 52 NAME 53 STREET ADDRESS CITY-SI-7IP TITLE V Change Addition		COHEN. HAROLD	□ prreir	i I		ET CHANGE ET ACCURON
CITY-SI-ZIP BOCA RATON FL 44 CITY-ST-ZIP TIFLE V DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-SI-ZIP FIFLE V DELETE 61 TITLE ONEIL, TIMOTHY J. SHREET ADDRESS CITY-SI-ZIP 100 CENTURY BLVD. WEST PALM BEACH FL 63 STREET ADDRESS 64 CITY-SI-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this afrinual report or supplied/Period annual report or supplied period or vulgity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this africal statutes and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of title corporation or the redeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my name	ŀ					
NAME STREET ADDRESS S	CITY-SI-ZIP	BOCA RATON FL				:
STREET ADDRESS CITY-ST-7/P BOCA RATON FL 53 STREET ADDRESS 54 CITY-ST-7/P 54 CITY-ST-7/P 55 CITY-ST-7/P 55 CITY-ST-7/P 56 CITY-ST-7/P 56 CITY-ST-7/P 57 CITY-ST-7/P 58 CITY	TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
CITY-SI-7/P BOCA RATON FL 54 CITY-SI-7/P 61 TITLE ONEIL, TIMOTHY J. 62 NAME 63 STREET ADDRESS CITY-SI-2/P 14. I do hereby certify that the information supplied with this filling 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 supplepriental 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 title corporation or the redeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name				1		
TITLE NAME ONEIL, TIMOTHY J. STREET ADDRESS CITY-ST-ZIP 1. I do hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arinual report or supplied entry 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 title corporation or the redeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name					å,	
STREET ADDRESS CITY-ST-ZIP 100 CENTURY BLVD. WEST PALM BEACH FL 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 afmual report or supplied ental 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 redeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name	·····	V	☐ DELETE			Change Addition
CITY-ST-ZIF WEST PALM BEACH FL 64 CITY-ST-ZIP 14. I do 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 afrinual 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 redeliver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name	NAME				•	· · · ·
14. Ido 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 africal report or supplied ental 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 regeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name	STREET ADDRESS			6.3 STREET ADDRESS		
Information indicated on this afrinual report or sumpleplental 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 redeliver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name	City-St-ZiF		and with this filling does not a self-		din Continu 110 07/07/2 Florida Continu	
appears in Block 12 or Block/13 it hanged, or on an attachment with an address.	informatio Lam an ol	n indicated on this afinual report or flicer or director of the corporation i	r supplepfental annual report is tru or the receiver or trustee empower	e and accurate and that red to execute this repor	o in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	. I rurtner certify that the effect as if made under oath; that atules; and that my name

Jack Jaiven, Director

VLX Properties, Inc. Document # S60405 Additions to 1997 Corporation Annual Report

D Halperin, Maurice 100 Century Blvd. West Palm Beach, FL 33417

D Halperin, Barry 100 Century Blvd. West Palm Beach, FL 33417