**PROFIT CORPORATION** ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90028 017 \*\*\*158.75

DOCUMENT # S88315					
i. Corporation	AND ASSOCIATES, INC.				
VEUUEN	AND ASSOCIATES, INC.				J KROVIRALD KOL JOLOG KOLOG PRI DE KROVE OPRIL DEGEL DEGEL DEGEL DEGEL DEGEL DEGEL DEGEL DEGEL DEGEL
}					
Principal Place	of Business	Mailing Address			[   SETTIONS   STORY   STORY
1338 N.W. 13TH STREET 1338 N.W. 13TH STREET					
GAINESVILLE FL 32601 GAINESVILLE FL 32601					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					10/16/1991
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26					59-3097410   Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
22			7.7	· · · · · · · · · · · · · · · · · · ·	6 Floating Compaign Financing \$5.00 May Bo
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
ENW	ALL, PETER C.K.		["]	Name	
211 N.E. 1ST STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32601			83		
					Sort 7in Code
			84	City	FL 85 Zip Code
11. 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 agent, 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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					anured when reinstation) OATE
12.	Signature, typed or printed name of registered agent a OFFICERS AND	<del></del>	gistered Agen	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSDC	DELETE	1.1 TITLE	1	☐ Change ☐ Addition
NAME	vedder, kathleen a.		1.2 NAME	Í	
STREET ADDRESS	1338 N.W. 13 STREET		1.3 STREET	ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY- S	Γ-ZIP	
TILE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME.	VEDDER, JOHN F.		2.2 NAME		
STREET ADDRESS	1338 N.W. 13 STREET	أخبي يتوعف بالأحاد	2.3 STREET 2.4 CITY-S		القائلية المراجع العاد المحارف الأراب المارية والمتاركين الأراب
CITY-ST-ZIP	GAINESVILLE FL	DELETE	3.1 TITLE	1-212	☐ Change ☐ Addition
NAME	t to the same	<b></b>	3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE	T-ZIP	☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Property of the Control of the Contr		6.2 NAME		
CTREET ADDRESS	[ T E 4 T T		6.3 STREET	ADDRESS	

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 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.

6.4 CITY-ST-ZIP

SIGNATURE: