PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90074 009 ***150.00

1. Corporation	VIEN 1 # V59109 NDUSTRIES, INC.	9			
Principal Place	of Rusiness	Mailing Address			1
3820 NW 126TH CORAL SPRING	1 AVENUE	3820 NW 126TH AVENUE CORAL SPRINGS FL 33065			
				DO NOT WRITE IN THIS SPACE	_
				3. Date Incorporated or Qualifed 08/20/1992	
	lace of Business	2a. Mailing Address		4. FEI Number Applied For	_
1 6574	N. Stato Rd 7		tateld'	7 65-0348259 Not Applicab	e
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired Status Desired \$8.75 Additional	
2 Suite		27 Suite 118		Fee Required	\dashv
City & State	ut Creek, Pr	<u> </u>	eek, re	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24 330	Country 73 25 USA	zip 29 33073 30	Country USA	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
	g. Name and Address of Curre	ent Registered Agent	04 1	10. Name and Address of New Registered Agent	\dashv
GOLDBERG, ANDREA 3820 NW 126TH AVENUE				Address (P.O. Box Number is Not Acceptable)	\dashv
CORAL SPRINGS FL 33065				574 N State Rd 7	-
COR	AL SPRINGS PL 33000		83 2	vite 118	- }
			84 City	(1) C(1) C(1) FL 85 Zip Code 33073	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE	X) Change ☐ Addit	ion
NAME	GOLDBERG, ANDREA		1.2 NAME		
STREET ADDRESS	3820 NW 126TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	<u> </u>	1.4 CITY-ST-ZIP	Coconut Creek, FL 33073	_
TITLE	D	☐ DELETE	2.1 TITLE	Mage	ion
NAME	GOLDBERG, ERIC		2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS	6574 N. State Rd 7, Suite 118	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-\$Y-ZIP	(COCD) H Creek, GL 33073	
TITLE		☐ DELETE	3.1 TITLE	Change Addit	ion
NAME			3.2 NAME	·	ļ
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP	į		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addit	ion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP	á		4.4 CITY-ST-ZIP		
TITLE	<u></u>	☐ DELETE	5.1 TITLE	Change Addit	ion
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_]
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addit	ion
NAME			6.2 NAME	,	
STREET ADDRESS			6.3 STREET ADDRESS	3	
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	l .				

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.

SIGNATURE: