## 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

	MENT # V6554 VELL FINANCIAL SERVIC	• •				
Principal Place of Business Mailing Address						II OIDII AKOK BIAKI KADI
393 WOODLAKE LANE DEERFIELD BEACH FL 33442 US		393 WOODLAKE LANE DEERFIELD BEACH FL 33442 US			DO NOT WRITE IN THIS SPA	ACE
					<ol><li>Date Incorporated or Qualified</li><li>09/21/1992</li></ol>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0358592	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Api. #, etc.			\$8.75 Additional Fee Required
	City & State City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the curren	
24	25 29 30		30		Personal Property Tax due June 30.  Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent
	CCELLI, PHILIP M.		- 1	81 Name		
3000 JASMINE TERR			l	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33483				63		
			l			
				84 City	FL.	Zip Code
SIGNATURE	Signature, typed or printed name of registered	NO eideskippische (NO	TE Registered		orporation submits this statement for the purpose of character's board of directors. I hereby accept the appoin	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D THOOSELLE BUILD M	DELETE	1.1 111		L.	Change
NAME STREET ADDRESS	TUCCELLI, PHILIP M. 393 WOODLAKE LN		1.2 NA	REET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL			TY-ST-ZIP		
TITLE	DELITIES DENOTITE	DELETE	2170			Change Addition
NAME			2.2 NA	1	_	· ·
STREET ADDRESS			2.3 ST	REET ADDRESS	sile ⊊'.	
CITY-ST-ZIP			2.4 CI	TY-ST-ZIP		
TITLE		DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		Change Addition
TITLE	I		4.1 111		لــا	Change
NAME OTDEET ADDRESS	· 1		4.2 N/	1		
STREET ADDRESS				REET ADDRESS		j
CITY-\$T-ZIP TITLE		DELETE	4.4 CII 5.1 TIT	Y-ST-ZIP	T	Change Addition
NAME			5.2 NA	ι		
CTREET ADDRESS				BEET ANNIBESS		

14. Thereby 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 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 rescuer or trusted employer of the corporation or the rescuer or trusted employer or trusted employers. It is also because the same legal effect as if made under oath; that I am an officer or director of the corporation or the rescuer or trusted employers. It is also because the same legal effect as if made under oath; that I am an officer or director of the corporation or the rescuer of the corporation of the rescuer of the

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

TITLE

NAME

4/22/98

521-989-0881

**FILED** 

May 01 1998 8:00am

Secretary of State