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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90024 032 \*\*\*150.00

**DOCUMENT # V70680** 1. Corporation Name VXL, INC. Principal Place of Business Mailing Address 281 FARING AVENUE 281 FARING AVENUE PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 10/09/1992 4. FEI Number App ied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0373372 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & S ate City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 9. Name and Add ess of Current Registered Agent 10. Name and Address of New Registered Agent 81 TREFZ, LAWRENCE L. Street Address (P.O. Box Number is Not Acceptable) 281 FARING AVENUE PORT ST. LUCIE FL 34983 83 Zip Code 85 84 City 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT:: Registered Agent signature required when reinstating) Signature, typed or printed na ne of registered agent and title if applications ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE TREFZ, LAWRENCE L. NAME 12 NAME 281 FARING AVENUE 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRE 3S 34 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition □ DELETE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRE 3S 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 attact ment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED OR DIRECTOR

CR2E034 (11/98)