## 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

1. Corporation Name	VARE COMPANY, INC	` '						
Principal Place of Busi	inace	Mailing Address			-{		HERT BIRK RIGH	il <b>8/8</b> 01 1 <b>0 8</b> 1
Frincipal Place of Business  500 \$ Dillard PO BOX 770099		500 8 DILLARD PO BOX 770099						
WINTER GARDEN FL 3	4777-7099	WINTER GARDEN FL 347	77-7099		DO NOT WRITE	E IN THIS S	PACE	
					3. Date Incorporated or Qualified 06/28/1983			
2. Principal Place of B	Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26			59-2311433		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		T	Additional
City & State		Cit. 9 Custo			<u> </u>	·	<del></del>	equired
23		City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p			
24	25 ame and Address of Curre	29	[30]		Personal Property Tax due June 10. Name and Address of New Re		<b></b>	_] No
	ALTER S., II	ut Kedisteren Wäeur	81 N	ame	10. Name and Address of New A	agistered A	(gent	
500 \$. DIL								
	ARDEN FL 32787		82 S	treet Addri	ess (P.O. Box Number is Not Accepta	ble)		
VIII VI <b>L</b> (V 4)			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			84 C	itse			85 Zip	Code
			[ ]			FL	1	
11. Pursuant to the pre	ovisions of Sections 607.050	32 and 607.1508, Florida Statut	tes, the above-na	med corp	oration submits this statement for the	purpose of	changing it	ls registered
	ar with, and accept the oblig	pations of Section 607.0505, Fi	orida Statutes	oorpordi	oration submits this statement for the ion's board of directors. I hereby acce	/	<u> </u>	
SIGNATURE	1	21				TO/T	f	
SIGNATURE Signature, I	typed or printed name of registered ag	21	orida Statutes.  F. Registered Agent se			70/ 7 DATE	<i>o</i>	
SIGNATURE Signature, I	typed or printed name of registrice ag OFFICERS AN	pent and tille if applicable (NOT	€ Registered Agent s-		ed when reinstaling)	70/ 7 DATE	<i>o</i>	
SIGNATURE  12.  TITLE DP  NAME TOOL	Typed or printed name of registricid ag OFFICERS AN	gent and title if applicable (NOT ND DIRECTORS	€ Registered Agent se		ed when reinstaling)	70/ 7 DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE DP  NAME TOOL  STREET ADDRESS 1134	OFFICERS AN  LE, WALTER S II  7 WILLOW ISLE DR	gent and title if applicable (NOT ND DIRECTORS	F Registered Agent set  13.  1.1 TITLE	griature require	ed when reinstaling)	70/ 7 DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STORMORE  STORMORE	Typed or printed name of registricid ag OFFICERS AN	peut and title if applicable (NOT ND DIRECTORS DELETE	13. 1.1 TILLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-S1-Zii	gnature require	ed when reinstaling)	70/ 7 DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  ITILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  D  TOOL	OFFICERS AN  LE, WALTER S II  7 WILLOW ISLE DR  DERMERE FL	gent and title if applicable (NOT ND DIRECTORS	E Registered Agent sq 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-S1 - Zii 2.1 TITLE	gnature require	ed when reinstaling)	70/ 7 DATE	DIRECTOR	RS IN 12
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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 proper annual report is true and accurate and that my signature shall have the same legal effect as if made under cettify 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.

2/10/58

**FILED** 

Feb 17 1998 8:00am

Secretary of State