

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 FEB 17 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *G1-62767*

1. Corporation Name

*VANDER BILT COMMERCE CORP*

Principal Place of Business

Mailing Address

*5601 TURTLE BAY DR  
# 2201  
NAPLES FL 33963*

*5601 TURTLE BAY DR  
# 2201  
NAPLES FL 33963*

20000 141 0422

-02/20/95--01065--001

DO \*\*\*\*\*200.00 \*\*\*\*\*200.00

3. Date Incorporated or Qualified

3a. Date of Last Report

*09/21/1983*

*03/11/1994*

4. FEI Number

*59-242 9203*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*DONALD N. CORCELLI  
5601 TURTLE BAY DR # 2201  
NAPLES FL 33963*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Donald N. Corcelli*

Signature of individual or corporate officer and title if applicable

NOTE: Registered Agent signature required also (under stamp)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *DIRECTOR - PRESIDENT*  
NAME *MORE, JOSEPH M*  
STREET ADDRESS *#904 5601 TURTLE BAY DR*  
CITY-ST-ZIP *NAPLES FL 33963*

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE *DIRECTOR - SECRETARY*  
NAME *MORE, JOSEPH M*  
STREET ADDRESS *#904 5601 TURTLE BAY DR*  
CITY-ST-ZIP *NAPLES FL 33963*

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE *DIRECTOR TREASURER*  
NAME *CORCELLI DONALD N*  
STREET ADDRESS *5601 TURTLE BAY DR # 2201*  
CITY-ST-ZIP *NAPLES FL 33963*

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with any filings.

SIGNATURE:

*Donald N. Corcelli*

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DONALD N. CORCELLI*

*2/2/95*

*815-597-7302*

DATE

Telephone Number

*2/17/95 MSF*