


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

0458038

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90072 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G62767**  
 1. Corporation Name  
**VANDERBILT COMMERCE CORP.**



Principal Place of Business Mailing Address  
**5601 TURTLE BAY DR. SUITE 2201 NAPLES FL 33963**  
**5601 TURTLE BAY DR. SUITE 2201 NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **290 1BIS ST** 26 **290 1BIS ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **FT MYERS BEACH** 27 **FT MYERS BEACH**  
 City & State City & State  
 23 **33931** 25 **LEE** 29 **33931** 30 **LEE**  
 Zip Country Zip Country

3. Date Incorporated or Qualified  
**09/21/1983**  
 4. FEI Number Applied For  
**59-2429203** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CORCELLI, DONALD N.**  
**5601 TURTLE BAY DR # 2201**  
**NAPLES FL 33963**  
**290 1BIS ST FT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent  
 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* DATE **3/21/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MORE, JOSEPH M	
STREET ADDRESS	1036 MULBERRY DR	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	DS	<input type="checkbox"/>
NAME	MORE, JOSEPH	
STREET ADDRESS	1036 MULBERRY DR	
CITY-ST-ZIP	ORLANDO FL 2 328	
TITLE	DT	<input type="checkbox"/>
NAME	CORCELLI, DONALD N	
STREET ADDRESS	5601 TURTLE BAY DR, #2201	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DIRECTOR - PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	TREASURER		
3.3 STREET ADDRESS	290 1BIS ST		
3.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931		
4.1 TITLE	DIRECTOR - VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MARY E. CORCELLI SECRETARY		
4.3 STREET ADDRESS	290 1BIS ST		
4.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Donald N. Corcelli* DATE: **3/21/99** DAYTIME PHONE #: **941-463-9577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)