


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90182 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G66425					
1. Corporation Name VINEYARD BOOK STORE, INC.					
Principal Place of Business 4295 TAMiami TRAIL NAPLES FL 34103 US			Mailing Address % ROBERT M. BUCKEL 4501 TAMiami TRAIL NORTH. STE. 400 NAPLES FL 33940		
2. Principal Place of Business 21 6624 Trail Blvd. Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip Country 24 34108 25 USA		2a. Mailing Address 26 c/o Robert M. Buckel Suite, Apt. #, etc. Suite 300 27 5801 Pelican Bay Blvd. City & State 28 Naples, FL Zip Country 29 34108-2709 30 USA		3. Date Incorporated or Qualified 10/26/1983 4. FEI Number 59-2335106 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BUCKEL, ROBERT M. 4501 TAMiami TRAIL N. STE. 400 NAPLES FL			10. Name and Address of New Registered Agent 81 Name (same) 82 Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Blvd. 83 Suite 300 84 City Naples, 85 Zip Code FL 34108-2709		
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 <i>Robert M. Buckel</i> 4/21/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNDY, LEON M.	1.2 NAME			
STREET ADDRESS	6624 TRAIL BLVD.	1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34108		
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNDY, JO ANN S.	2.2 NAME			
STREET ADDRESS	6624 TRAIL BLVD.	2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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:

Leon M. Bundy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
DATE

DATE

PHONE