

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K50021 (0)**
1. Corporation Name
VANTAGE POINT MARKETING, INC.



Principal Place of Business: **19337 U.S. HWY 19TH N. STE. #306 CLEARWATER FL 34624**
Mailing Address: **19337 U.S. HWY 19TH N. STE. #306 CLEARWATER FL 34624**

3. Date Incorporated or Qualified: **12/07/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2927301**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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: **1499 Gulf to Bay Blvd**
2a. Mailing Address: **1499 Gulf to Bay Blvd**
22. Suite, Apt. #, etc.:
23. City, State: **Clearwater FL**
24. Zip: **34615** 25. Country: **USA**
27. Suite, Apt. #, etc.:
28. City, State: **Clearwater FL**
29. Zip: **34615** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**CLARK, GREGORY D.
18167 U.S. 19 NORTH
HARBOURSIDE, SUITE 560
CLEARWATER FL 34623**

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 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or embossed (required for agent and director) NOTE: Registered Agent signature required when filing change

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ARNEGGER, RANDOLPH W.	
STREET ADDRESS	19337 US 19 N #306	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ARNEGGER, RANDOLPH W	
STREET ADDRESS	19337 US 19 N #306	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 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

SIGNATURE: _____ DATE: **7/26/96** DAYTIME PHONE #: **813/536-7799**
Signature typed or embossed (required for signing officer or director)

CR2E034 (12/95)