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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000018106 (2)**

1. Corporation Name
VOGEL BUSINESS GROUP, INC.

Principal Place of Business	Mailing Address
1616 WINDSWEPT AVE NAPLES FL 33942 US	1616 WINDSWEPT AVE NAPLES FL 34109-1576 US

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 140 N. MAIN St.
Suite, Apt. #, etc. 22
City & State 23 High Springs, Florida
Zip 24 32643 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 2286
Suite, Apt. #, etc. 27
City & State 28 High Springs, Florida
Zip 29 32655 Country 30 U.S.A.

4. FEI Number: 65-0473576 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent
VOGEL, MICHAEL J
1616 WINDSWEPT AVE
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 140 N. MAIN St.
83
84 City High Springs FL 85 Zip Code 32643

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 Michael J. Vogel 4/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	VOGEL, MICHAEL J		1.2 NAME	SAME	
STREET ADDRESS	8695 COLLEGE PARKWAY, SUITE 110		1.3 STREET ADDRESS	140 N. MAIN St.	
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-ST-ZIP	High Springs, Florida 32643	
TITLE	D	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	VOGEL, ADANIS C		2.2 NAME	SAME	
STREET ADDRESS	8695 COLLEGE PARKWAY, SUITE 110		2.3 STREET ADDRESS	140 N. MAIN St.	
CITY-ST-ZIP	FT MYERS FL 33919		2.4 CITY-ST-ZIP	High Springs, Florida 32643	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Michael J. Vogel Michael J. Vogel 4/20/97 904-454-7479