

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071700 (6)**

1. Corporation Name
VAN-CAP II, INC.

Principal Place of Business Mailing Address
**1000 SW 26TH AVE. BAY 7
POMPANO BEACH FL 33069** **1000 SW 26TH AVE. BAY 7
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report
4. FEI Number 65-0524536	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 has liability for intangible tax under § 199.005, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3600 W Commercial Blvd	26 3600 W Commercial Blvd
Suite, Apt #, etc	Suite, Apt #, etc
22 Suite 107	27 Suite 107
City & State	City & State
23 Lauderdale Lakes, FL	28 Lauderdale Lakes, FL
Zip	Zip
24 33309	29 33309
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A
8000 PETERS RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature, typed or printed name of registered agent and that of approver) (NOTE: Registered Agent signature required after 5/1/95) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPALBO, MARK
STREET ADDRESS	1000 SW 26TH AVE, BAY 7
CITY, ST, ZIP	POMPANO BEACH FL 33069
TITLE	D
NAME	VANKRIK, ROBERT P SR
STREET ADDRESS	1000 SW 26TH AVE, BAY 7
CITY, ST, ZIP	POMPANO BEACH FL 33069
TITLE	D
NAME	VANKIRK, PATRICIA
STREET ADDRESS	1000 SW 26TH AVE, BAY 7
CITY, ST, ZIP	POMPANO BEACH FL 33069
TITLE	D
NAME	VANKIRK, ROBERT P JR
STREET ADDRESS	1000 SW 26TH AVE, BAY 7
CITY, ST, ZIP	POMPANO BEACH FL 33069
TITLE	D
NAME	VANKIRK, TIMOTHY
STREET ADDRESS	1000 SW 26TH AVE, BAY 7
CITY, ST, ZIP	POMPANO BEACH FL 33069

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CAPALBO, MARK
13 STREET ADDRESS	3600 W. COMMERCIAL BLVD S-107
14 CITY, ST, ZIP	LAUDERDALE LAKES, FL 33309
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3600 W. COMMERCIAL BLVD S 107
24 CITY, ST, ZIP	LAUDERDALE LAKES, FL 33309
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	3600 W COMMERCIAL BLVD S107
34 CITY, ST, ZIP	LAUDERDALE LAKES, FL 33309
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	3600 W COMMERCIAL BLVD S-107
44 CITY, ST, ZIP	LAUDERDALE LAKES, FL 33309
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	3600 W COMMERCIAL BLVD S-107
54 CITY, ST, ZIP	LAUDERDALE LAKES, FL 33309
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.006, 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 trustee or assignee of the corporation or trustee or assignee of the corporation 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: *[Signature]* 4.24.95 305-485-4945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-969-8270