

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000013726 (1)

1. Corporation Name
VESTINOS, INC.



Principal Place of Business: 6475 CENTRAL AVE ST PETERSBURG FL
Mailing Address: 6475 CENTRAL AVE ST PETERSBURG FL

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report
4. FEI Number: 59-3297814
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
BARDEN, SERENA
411 ORIOLE CIR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name: Vestinos, Serena E.
82 Street Address (P.O. Box Number is Not Acceptable): 65 Lifestyles Blvd., Apt. 1112
83
84 City: Palm Harbor FL 85 Zip Code: 34685

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 607.0905, Florida Statutes.

SIGNATURE: *Serena E. Vestinos*
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BARDEN, SERENA	
STREET ADDRESS: 411 ORIOLE CIR	
CITY-ST-ZIP: PALM HARBOR FL 34683	
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:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Serena E. Vestinos	
1.3 STREET ADDRESS: 65 Lifestyles Blvd. Apt. 1112	
1.4 CITY-ST-ZIP: Palm Harbor, FL 34685	
2.1 TITLE: P/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Sotirios Vestinos	
2.3 STREET ADDRESS: 65 Lifestyles Blvd. Apt. 1112	
2.4 CITY-ST-ZIP: Palm Harbor, FL 34685	
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: *Serena E. Vestinos* 1/25/96 343-6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)