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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000085428 (7)

1. Corporation Name
VINCEREMO, INC.



Principal Place of Business: 4016 HENDERSON BLVD TAMPA FL 33629
Mailing Address: 4016 HENDERSON BLVD TAMPA FL 33629-4940

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business: 21 1727 East 7th Avenue
2a. Mailing Address: 26

4. FEI Number: 59-3349258
Applied For: Not Applicable

22 Suite, Apt. #, etc.:
23 City & State: Tampa, Florida

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

24 Zip: 33605
25 Country: US

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MORRIS, ROBERT E
4016 HENDERSON BLVD
TAMPA FL 33629

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: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 rows for Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. The first row is filled with: D, FENU, GUALTIERO, 4810 W EUCLID, TAMPA FL 33629.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Each row includes Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: *Fenu Gualtiero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 (813)248-1326
Date Daytime Phone #

CR2E034 (9/96)