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Jan 17 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 # P96000032457 (9)

1. Corporation Name
VOGEL & VOGEL INC.



Principal Place of Business: 9901 COLONNADE DRIVE TAMPA FL 33647
Mailing Address: 9901 COLONNADE DRIVE TAMPA FL 33647-1861

3. Date Incorporated or Qualified: 04/10/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0665019
Applied For: [Blank] / Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [Blank] Suite, Apt #, etc. [Blank] City & State: 22 [Blank] Zip: 23 [Blank] Country: 24 [Blank]
2a. Mailing Address: 26 [Blank] Suite, Apt #, etc. [Blank] City & State: 27 [Blank] Zip: 28 [Blank] Country: 29 [Blank]

9. Name and Address of Current Registered Agent
VOGEL, WESTON C JR.
9901 COLONNADE DRIVE
TAMPA FL 33647

10. Name and Address of New Registered Agent
81 Name: Heather E. Vogel
82 Street Address (P.O. Box Number is Not Acceptable): 9901 Colonnade Drive
83 [Blank]
84 City: Tampa FL 85 Zip Code: 33647

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: Heather E. Vogel, Secretary-Treasurer
Signature typed for purpose of registered agent and fee, if applicable (N/A) Registered Agent signature required when reinstating DATE: 1-9-97

| 12. OFFICERS AND DIRECTORS | | DELETE |
|---------------------------------------|---------------------------------------|--------------------------|
| TITLE: President | NAME: Weston C. Vogel, Jr. | <input type="checkbox"/> |
| TITLE: Secretary-Treasurer | NAME: Heather E. Vogel | <input type="checkbox"/> |
| TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> |
| TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> |
| TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> |
| TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|----------------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE: President | 1.2 NAME: Weston C. Vogel, Jr. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.3 STREET ADDRESS: 9901 Colonnade Drive | 1.4 CITY-ST-ZIP: Tampa, FL 33647 | | |
| 2.1 TITLE: Secretary-Treasurer | 2.2 NAME: Heather E. Vogel | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.3 STREET ADDRESS: 9901 Colonnade Drive | 2.4 CITY-ST-ZIP: Tampa, FL 33647 | | |
| 3.1 TITLE: [Blank] | 3.2 NAME: [Blank] | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 STREET ADDRESS: [Blank] | 3.4 CITY-ST-ZIP: [Blank] | | |
| 4.1 TITLE: [Blank] | 4.2 NAME: [Blank] | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 STREET ADDRESS: [Blank] | 4.4 CITY-ST-ZIP: [Blank] | | |
| 5.1 TITLE: [Blank] | 5.2 NAME: [Blank] | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 STREET ADDRESS: [Blank] | 5.4 CITY-ST-ZIP: [Blank] | | |
| 6.1 TITLE: [Blank] | 6.2 NAME: [Blank] | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 STREET ADDRESS: [Blank] | 6.4 CITY-ST-ZIP: [Blank] | | |

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: Heather E. Vogel, Secy. Treas. 1/9/97 813/991-0337

CR2E034 (9/96)