


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90142 043 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000032457**

1. Corporation Name  
**VOGEL & VOGEL INC.**



Principal Place of Business 9901 COLONNADE DRIVE TAMPA FL 33647 US	Mailing Address 9901 COLONNADE DRIVE TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>807 Mill Run East</b> Suite, Apt. #, etc. 22 City & State 23 <b>Bradenton, FL</b> Zip 24 <b>34202</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>807 Mill Run East</b> Suite, Apt. #, etc. 27 City & State 28 <b>Bradenton, FL</b> Zip 29 <b>34202</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/10/1996</b>	4. FEI Number <b>65-0665019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**VOGEL, HEATHER E.**  
**9901 COLONNADE DR.**  
**TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name <b>Heather E. Vogel</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>807 Mill Run East</b>
83
84 City <b>Bradenton</b>
85 Zip Code <b>FL 34202</b>

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* Secy-Treasurer *Heather E. Vogel* *2-3-99*  
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 <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>VOGEL, WESTON C.</b>	
STREET ADDRESS <b>9901 COLONNADE DR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>VOGEL, HEATHER E.</b>	
STREET ADDRESS <b>9901 COLONNADE DR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
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 <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Weston C. Vogel, Jr.</b>	
1.3 STREET ADDRESS <b>807 Mill Run East</b>	
1.4 CITY-ST-ZIP <b>Bradenton, FL 34202</b>	
2.1 TITLE <b>Secy-Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Heather E. Vogel</b>	
2.3 STREET ADDRESS <b>807 Mill Run East</b>	
2.4 CITY-ST-ZIP <b>Bradenton, FL 34202</b>	
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 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, with all other like empowered:

SIGNATURE: *Heather E. Vogel* *Heather E. Vogel* *2/3/99* *941-750-8784*  
Signature, typed or printed name of registered agent and title if applicable. DATE Daytime Phone #