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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90237 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000009177** ✓

1. Corporation Name

VINMAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**840 WEST S.R. 436
 SUITE 203
 ALTAMONTE SPRINGS, FL. 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/98

2. Principal Place of Business

2a. Mailing Address

21 **1000 SAVAGE CT.**

26 **SAME**

4. FEI Number

59-3489044

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 215**

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **LONGWOOD FL**

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

Zip Country

24 **32750** 25 **SEMINOLE**

29

30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVE.
 CORAL GABLES FL. 33134**

81 Name

VINCENT F. ZARBO

82 Street Address (P.O. Box Number is Not Acceptable)

1000 SAVAGE CT.

83

SUITE 215

84 City

LONGWOOD

FL

85 Zip Code

32750

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 **Vincent F. Zarbo - VINCENT F. ZARBO president**

5/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **VINCENT F. ZARBO**
 STREET ADDRESS **840 W. STATE RD. 436 SUITE 203**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

1.1 TITLE **PRESIDENT/CEO (P)** Change Addition
 1.2 NAME **VINCENT F. ZARBO**
 1.3 STREET ADDRESS **1000 SAVAGE CT. SUITE 215**
 1.4 CITY-ST-ZIP **LONGWOOD, FL. 32750**

TITLE DELETE
 NAME **MARILYN I. ZARBO**
 STREET ADDRESS **840 W. STATE RD. 436 SUITE 203**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL. 32714**

2.1 TITLE **VICE-PRESIDENT/SECY (V)** Change Addition
 2.2 NAME **MARILYN I. ZARBO**
 2.3 STREET ADDRESS **1000 SAVAGE CT. SUITE 215**
 2.4 CITY-ST-ZIP **LONGWOOD, FL. 32750**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE **V/D** Change Addition
 3.2 NAME **DAVID H. GRAYSON**
 3.3 STREET ADDRESS **4727 GLENVIEW LANE**
 3.4 CITY-ST-ZIP **ORLANDO, FL. 32821**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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: **Vincent F. Zarbo - VINCENT F. ZARBO**

5/7/99

407-260-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)