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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69935

(2)

FILED	
Mar 20 1998 8:00an	1
Secretary of State	

ATT. Sto MANISHARKER XX1-2897

Making Address Making Address Application Applicat	VINTAG	GE DEVELOPERS, INC.							
LARGO Ft. 3371 B. Detail Proposal Studings of Business 2. Principal Place of Business 2. Principal Place of Business 3. Sulfo, Apt. 4, etc. 4. Clay States 3. Country 4. El Number 4. Clay Country 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 4. This coppeador now on has paid the outrapy year Intergal Place 5. Country 5. Detect Address of Poor Number in Not Acceptable) 4. This coppeador now on has paid the outrapy year Intergal Place 5. Clay State 5. Country 5. De	Principal Place of Business Mailing Address						AFI Dibii bibi	H vir il biril 4	(881) 810 11 1831
2. Principal Place of Business 2s. Melling Address 4. FEB Number 707/28/1991 7				DAD					
2. Principal Place of Business						DO NOT WRITE IN THIS SPACE			
A FER Number						1			
Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. 27 Sulfe, Apt. 4, etc. 28 27 Sulfe, Apt. 4, etc. 28 27 Apt. 4, etc. 29 Sulfe, Apt. 4, etc.	2. Principal Pi	lace of Business	2a. Mailing Address						Applied For
Suite, Apt. 4. efc. 27 27 27 27 28 29 20 20 30 30 30 30 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40	 -							Not Applicable	
City & State City & City & State City & City & State City & State City & State City & State City	Suite, Apt.	#, etc.	Suite, Apt. #, etc						
28									
Zip Country Zip		o .	— ·						
ALLEN, LEROY R. ### ALLEN, LEROY R. ### B875 ULMERTON ROAD LARGO FL 34611 ### City		Country	· +	Countr	y		aid the cu		
ALLEN, LEROY R. 8875 ULMERTON ROAD LARGO FL 34611 11. Pursuant to the provisions of Sections 607 0002 and 607 1508, Florida Statutes, the above reputation submits this statement for the purposition of sections 607 0002 and 607 1508, Florida Statutes, the above reputation submits this statement for the purposition at second the originations of Sections 607 0002 and 607 1508, Florida Statutes, the above reputation submits this statement for the purposition at second the originations of Sections 607 0002, Florida Statutes, the above reputation submits this statement for the purposition at second the originations of Sections 607 0002, Florida Statutes, the above reputation of directors. I hereby accept the appointment as registered statutes, and the composition of the originations of Sections 607 0002, Florida Statutes, the above reputation of directors. I hereby accept the appointment as registered registered registered and the composition of the originations of Sections 607 0002, Florida Statutes, the above registered and the composition of the originations of Sections 607 0002, Florida Statutes, the above registered and the composition of the originations of Sections 607 0002, Florida Statutes, the origination of the originations of Sections 607 0002, Florida Statutes, the composition of directors. I hereby accept the appointment as registered and the composition of the originations of Sections 607 0002, Florida Statutes, the appointment as registered and the composition of the appointment as registered and the composition of the origination of the appointment as registered and the composition o	24			30					□ No
ALLERY, LERY OF R. 8875 ULMERTON ROAD LARGO FL 34611 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 697,0502 and 697,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent are familiar with, and accept the origination of, Section 607,605, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STEFAN, TIMOTHY 12. AND STEFAN, TIMOTHY 12. AND STEFAN, TIMOTHY 12. AND STEFAN, TIMOTHY 12. AND STEFAN, TIMOTHY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TIME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDI			ent Registered Agent	91	Name	10. Name and Address of New Re	gistered	Agent	
LARGO FL 34611 Ba									
SIGNATURE STEPAN, TIMOTHY STRET ADDRESS CITY-ST-ZP STEPAN, TIMOTHY STRET ADDRESS CITY-ST-ZP STEPAN, TIMOTHY STRET ADDRESS				82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
11. Pursuant to the provisions of Soctions 697 0502 and 697 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Soction 697 0505, Florida Statutes. SIGNATURE Signature, type of previor name of imprieds agent agent than familiar with, and accept the obligations of, Soction 697 0505, Florida Statutes. Signature	1	IOO I E OTO I I		63					
11. Pursuant to the provisions of Soctions 697 0502 and 697 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Soction 697 0505, Florida Statutes. SIGNATURE Signature, type of previor name of imprieds agent agent than familiar with, and accept the obligations of, Soction 697 0505, Florida Statutes. Signature				84	City			95 7i	n Code
Agent I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, Syred or previous name of regiment appreased spins and time PageScates. POTE Registered Agent Signature required when nameworks) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE STEFAN, TIMOTHY STEFAN, TIMOTHY B875 LUMERTON ROAD 13. SREET ADDRESS G875 LUMERTON ROAD 13. SIREET ADDRESS G875 LUMERTON ROAD 14. CITY-ST-2IP TITLE SUBJECT ADDRESS CITY-ST-2IP TITLE SUBJECT ADDRESS CITY-ST-2IP TITLE DELETE 3. STITLE 3. STITLE 3. STITLE 4. CITY-ST-2IP TITLE DELETE 3. STITLE 3. STITLE 3. STITLE 4. CITY-ST-2IP TITLE DELETE 3. STITLE 3. STITLE 4. CITY-ST-2IP TITLE DELETE 4. STITLE DELETE 5. STITLE DELETE 4. STITLE DELETE 4. STITLE DELETE 5. STITLE DELETE 6.								<u>.</u>	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P STEFAN, TIMOTHY STEET ADDRESS OITY-ST-ZIP LARGO FL STEFAN, TIMOTHY STEET ADDRESS OITY-ST-ZIP TITLE S STEFAN, TIMOTHY STEET ADDRESS OITY-ST-ZIP LARGO FL STERET ADDRESS OITY-ST-ZIP TITLE S STEFAN, TIMOTHY STEET ADDRESS OITY-ST-ZIP LARGO FL STERET ADDRESS OITY-ST-ZIP TITLE S STEET ADDRESS OITY-ST-ZIP STEET ADDRESS OITY-ST-ZIP TITLE S STEET ADDRESS OITY-ST-ZIP STE	11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607,1508, Florida Site of Florida Such change vigations of, Section 607.050	tatutes, the abov vas authorized b 5, Florida Statute	e-named corp y the corporal s.	coration submits this statement for the patients board of directors. I hereby acce	ourpose of the app	of changing pointment a	its registered as registered
12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	SIGNATURE								
TITLE NAME STEFAN, TIMOTHY 6875 ULMERTON ROAD 13 STREET ADDRESS CITY-ST-ZIP LARGO FL 14 CITY-ST-ZIP LARGO FL 22 NAME 113 7TH ST. E. 23 STREET ADDRESS CITY-ST-ZIP LARGO FL 24					ent signature requi			D DIRECT(ORS IN 12
STREET ADDRESS CITY-ST-ZP LARGO FL TITLE S WALSH, PATRICK J. STREET ADDRESS CITY-ST-ZP TILE STREET ADDRESS STREET ADDRESS CITY-ST-ZP TILE STREET ADDRESS ST	· · · · · · · · · · · · · · · · · · ·					7,557,10,757,10,557,10	22.10.11.		
CITY-SI-ZIP TITLE S DELETE 21 TITLE DELETE 31 STREET ADDRESS CITY-SI-ZIP TITLE DELETE 31 STREET ADDRESS CITY-SI-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 51 TITLE S STREET ADDRESS CITY-SI-ZIP TITLE S STREET ADDRESS CITY-SI-Z	NAME			1.2 NAME					
TITLE MALSH, PATRICK J. STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE DELETE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE AD	STREET ADDRESS			1.3 STREE	T ADDRESS				
MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 STREET ADDRESS CITY-ST-ZIP TITLE MAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A6 CITY-ST-ZIP TITLE DELETE A6 CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE BAME STREET ADDRESS C			Driete		ST-ZIP			Change	a Addition
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRE		•	C DELETE					L Criange	2 EL MUSICION
TITLE TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Additio Additio TITLE AMME ADDITION					E ANDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 THE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 THE Addition A									
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAdditio 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE SAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AAdditio ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AADDRESS CITY-ST-ZIP 1.1 Lierby certify that the information supplied with this filling 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 Accountable and that my signature shall have the same legal effect as if made under cath; that I am an annual report is true and Accountable and that my signature shall have the same legal effect as if made under cath; that I am an			DELETE			10		Change	e 🔲 Addition
CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Additio Additio NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Additio Add	NAME				1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE Additio Additio Change Additio Change Additio Additio Additio Additio Additio Change Additio Change Additio Additio Additio Additio Additio Additio Change Additio	STREET ADDRESS				.,				
NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Additio Ch			DELETE		ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u></u>	Change	a Addition
STREET ADDRESS CITY-ST-ZIP 10					İ			FIEL CHAING	· L Audition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 hereby certify that the information supplied with this filling 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 path; that I am an annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an annual report is true and accurate annual report is true annual report									
TITLE DELETE 5.1 TITLE Change Additional Change Additio									
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 recurrate and that my signature shall have the same legal effect as if made under path; that I am an	TITLE		☐ DELETE	5.1 TITLE				Change	Addition
CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS 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 path; that I am an	NAME			5.2 NAME					
TITLE DELETE 6.1 TITLE Change Additional Additional Change Additional Chang					· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS 6.3 STREET ADDRESS 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 recurrate and that my signature shall have the same legal effect as if made under path; that I am an			T DELETE		ST-ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 securate and that my signature shall have the same legal effect as if made under path; that I am an			III DELEIE					отынуе	
CITY-ST-ZIP 64 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 path; that I am an	Į.				ADORESS				
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 path; that I am an									
Block 12 or Block 13 if changed, or on an attachment with an address.	14. I hereby condicated officer or conficer or confice	on this annual report or supplement director of the corporation or the re	ital annual report is true and ceiver or trustee empowers	ify for the exemp	tion stated in at my signatu	re shall have the same legal effect as it	f made un	nder oath; t	that I am an