

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S73202** (1)

1. Corporation Name  
**VANTAGE INFORMATION SERVICES, INC.**



Principal Place of Business Mailing Address  
**1355 WEST PALMETTO PARK ROAD SUITE 315 BOCA RATON FL 33486**

3. Date incorporated or Qualified **08/14/1991** 3a. Date of Last Report **03/09/1995**  
4. FEI Number **65-0283504** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROGER M. POMERANCE P.A.  
1900 CORPORATE BLVD., NW  
SUITE 201A  
BOCA RATON FL 33431**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 *David* DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GAROOGIAN, DAVID</b>
STREET ADDRESS	<b>14307 MAHOGANY DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GAROOGIAN, RHODA</b>
STREET ADDRESS	<b>3943 ANTIGUA POINT DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GAROOGIAN, ANDREW</b>
STREET ADDRESS	<b>3943 ANTIGUA POINT DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7261 Burgess Drive</b>
1.4 CITY - ST - ZIP	<b>Lake Worth FL 33467</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (changed) or in an attachment with an address.

SIGNATURE: *David Garoogian* **David Garoogian, President** 1/22/96  
407-997-7567

CR2E034 (12/95)