

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H93606 (2)
 1. Corporation Name
VANAS ENTERPRISES, INC.



Principal Place of Business 150-ERIE DR. NAPLES FL 33942 US	Mailing Address 150-ERIE DR. NAPLES FL 34110-1302 US
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2. Principal Place of Business 21 375 Cocohatchee Dr. Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip 24 34110 Country 25 USA		2a. Mailing Address 26 375 Cocohatchee Dr. Suite, Apt. #, etc. 27 City & State 28 Naples, FL Zip 29 34110 Country 30 USA		3. Date Incorporated or Qualified 01/06/1986	3a. Date of Last Report 04/17/1996
		4. FEI Number 59-2629920		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			

9. Name and Address of Current Registered Agent VANAS, JAMES 150-ERIE DR NAPLES-FL 33942		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *James Vanas* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	VANAS, JAMES	1.2 NAME	
STREET ADDRESS	150-ERIE DRIVE	1.3 STREET ADDRESS	375 Cocohatchee Dr.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	VANAS, PAMELA	2.2 NAME	
STREET ADDRESS	150-ERIE DR	2.3 STREET ADDRESS	375 Cocohatchee Dr.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *James Vanas* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)