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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S97300

VINEYAF	RDS SERVICES, INC.									
Dringing Place	o of Business	Mailing Add	drace					ITAN BOUL BOIL BARN	DYBYL BLOTE BLOCK	BYBLY BYBLY (BB)
Principal Place of Business Mailing Address Mailing Address Mailing Address Mailing Address										
98 VINEYARDS BLVD. 98 VINEYARDS BLVO. NAPLES FL 34119 NAPLES FL 33399						ì				
US						-	DO NOT	WRITE IN THI	S SPACE	
1							Date Incorporated or Qua	lifed		Ì
						-	12/02/1991	_		
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Af	oplied For
21		26					<u>65-0310021</u>			ot Applicable
Suite, Apt.	#, etc	Suite, A	Apt #, etc				5. Certifcate of Status Desir	ed 🗌		Additional
22		27							Fee Ri	equired
City & Stat	te	City &	State				Election Campaign Finan	cing []		May Be
23		28					Trust Fund Contribution		Added	to Fees
Zıp	Country	Zip		Country	/		This corporation owes the	e current year li		
24	25	29 341	19	30			Personal Property Tax		∐ Yes	□No
	9. Name and Address of Cu	rrent Registered A	gent		T	1	0. Name and Address of N	lew Registered	I Agent	
DOC	NEDO DOBERT			81	Name					
	BERS, ROBERT			82	Street	Address	(P O Box Number is Not Ac	ceptable)		
1	INEYARDS BLVD						·			
NAP	PLES FL 34119			83	1					
				84	City				85 Zip	Code
,								FI	L `	
11. Pursuant	to the provisions of Sections 607 registered agent or both, in the S	7 0502 and 607 1508.	. Florida Statu	tes, the abov	e-named	corporati	on submits this statement for	r the purpose of	if changing its ontment as re	registered egistered
	registered agent, or both, in the 5	nate of Florida Ducin	Change was	addionized by	tile corp.	0,44,101.0	000.00.00.00.00.			9
agent I a	and <u>ac</u> cept the ot <u>ac</u> cept the ot	bligations of, Section	607 0505. Fla	grīda Statutes	5			- · -		1
agent La	am family and accept the of	bligations of Section Robe	1 607 0303. FR	Sida Statutes	,			3/3	199	
agent Ta	Signature typed or printer name of registere	d agent and title if applicable	it 1	E Required Age	5		m teir stafing)	3/3	199	
SIGNATURE	Signatule Typed or printer name of registere OFFICERS	Robe	1 607 0303. FI	E Required Age	5			3/3		DRS IN 12
SIGNATURE 12.	Signature typed or printed name of registere OFFICERS	d agent and title if applicable	it 1	E Required Age	5		m teir stafing)	3/3	ND DIRECTO	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature byped of printed name of registere OFFICERS PD PROCACCI, MARIA 98 VINEYARD BLVD. NAPLES FL VD SAADEH, MICHEL	d agent and title if applicable	OBLETE	13.	nt signature :		m teir stafing)	3/3	Change	DRS IN 12
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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.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90160 031 ***150.00