

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90160 031 \*\*\*150.00

DOCUMENT # **S97300**

1. Corporation Name

**VINEYARDS SERVICES, INC.**

Principal Place of Business

**98 VINEYARDS BLVD.  
NAPLES FL 34119  
US**

Mailing Address

**98 VINEYARDS BLVD.  
NAPLES FL 33999**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/02/1991**

4. FEI Number

**65-0310021**

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 owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**34119**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, ROBERT  
98 VINEYARDS BLVD  
NAPLES FL 34119**

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

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

(NOTE: Registered Agent signature required when first starting)

**3/3/99**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **PROCACCI, MARIA**  
STREET ADDRESS **98 VINEYARD BLVD.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ DELETE  
NAME **SAADEN, MICHEL**  
STREET ADDRESS **98 VINEYARDS BLVD**  
CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☒ DELETE  
NAME **TOM LACHINE**  
STREET ADDRESS **98 VINEYARD BLVD.**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition  
32 NAME **STD**  
33 STREET ADDRESS **Robert Rogers**  
34 CITY-ST-ZIP **98 Vineyards Blvd.**  
**Naples, FL 34119**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michel Saaden**

**3/3/99 (941)353-1551**

DATE

Daytime Phone #

CR2E034 (11/98)