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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 218217 (8)
1. Corporation Name
VANILLA ENTERPRISES, INC.

Principal Place of Business
5309 W. BROWARD BLVD.
PLANTATION FL 33317

Mailing Address
5309 W. BROWARD BLVD.
PLANTATION FL 33317-2611



2. Principal Place of Business 21 19 EAST ACRE DR Suite, Apt #, etc.		2a. Mailing Address 26 SAME Suite, Apt #, etc.		3. Date Incorporated or Qualified 12/13/1958		3a. Date of Last Report 03/28/1996	
22 City, State 23 PLANTATION FL		27 City & State		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
24 Zip 33317		25 Country		28 Zip		29 Country	
9. Name and Address of Current Registered Agent FADGEN, JERRY 19 EAST ACRE DR PLANTATION FL 33317				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD VANILLA, PATRICK T 10687 N.W. 12 CT PLANTATION FL 33322	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PSD VANILLA, PATRICK T 10 EAST ACRE DRIVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TIMOTHY T FADGEN	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V D TIMOTHY T FADGEN 19 EAST ACRE DRIVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: _____ Date: 4/3/97 Daytime Phone #: 954-584-9786

CR2E034 (9/96)