

Amc  
FILED  
Jun 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT #  
1. Corporation Name  
VAANA PROPERTIES, INC  
308744

Principal Place of Business: 4405 N. OCEAN DR  
LAUDERDALE BY THE SEA FL  
US

Mailing Address: 1180 N. FEDERAL  
POMPANO BCH  
FL US

2. Principal Place of Business  
21 Suite, Apt. # etc  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/01/1966

4. FEI Number  
59-1277383

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
MASSINGILL, JOAN  
2731 NE 10 ST  
POMPANO BCH FL 33062

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

11. Pursuant to the provisions of Sections 607.0503 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: Joan Massingill  
(Name of Registered Agent, required when resigning) DATE:

12. OFFICERS AND DIRECTORS

|                |                           |        |
|----------------|---------------------------|--------|
| TITLE          | P                         | DELETE |
| NAME           | VRANA, EDWARD J.          |        |
| STREET ADDRESS | 4405 N. OCEAN DR.         |        |
| CITY-STATE-ZIP | LAUDERDALE BY THE SEA, FL |        |
| TITLE          | VT                        | DELETE |
| NAME           | VRANA, EVA F.             |        |
| STREET ADDRESS | 4405 N. OCEAN DR.         |        |
| CITY-STATE-ZIP | LAUDERDALE BY THE SEA FL  |        |
| TITLE          | AT                        | DELETE |
| NAME           | MASSINGILL, JOAN V.       |        |
| STREET ADDRESS | 2731 NE 10 ST             |        |
| CITY-STATE-ZIP | POMPANO BCH FL 33062      |        |
| TITLE          | VP                        | DELETE |
| NAME           | CHESHER, DARLA            |        |
| STREET ADDRESS | ART CORSAIR ST            |        |
| CITY-STATE-ZIP | LAUDERDALE BY THE SEA FL  |        |
| TITLE          | S                         | DELETE |
| NAME           | VRANA, EVA F              |        |
| STREET ADDRESS | 4405 OCEAN DR             |        |
| CITY-STATE-ZIP | LAUDERDALE BY THE SEA FL  |        |
| TITLE          |                           | DELETE |
| NAME           |                           |        |
| STREET ADDRESS |                           |        |
| CITY-STATE-ZIP |                           |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VICE PRESIDENT        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                       |                                                                              |
| 1.3 STREET ADDRESS |                       |                                                                              |
| 1.4 CITY-STATE-ZIP |                       |                                                                              |
| 2.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | NO CHANGE             |                                                                              |
| 2.3 STREET ADDRESS |                       |                                                                              |
| 2.4 CITY-STATE-ZIP |                       |                                                                              |
| 3.1 TITLE          | SECRETARY             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                       |                                                                              |
| 3.3 STREET ADDRESS |                       |                                                                              |
| 3.4 CITY-STATE-ZIP |                       |                                                                              |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | NO CHANGE             |                                                                              |
| 4.3 STREET ADDRESS |                       |                                                                              |
| 4.4 CITY-STATE-ZIP |                       |                                                                              |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | 6000002566986         |                                                                              |
| 5.3 STREET ADDRESS | -06/22/98--01003--013 |                                                                              |
| 5.4 CITY-STATE-ZIP | ***61.25              |                                                                              |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | ERIC VAN MIDDLEEM II  |                                                                              |
| 6.3 STREET ADDRESS | 1180 N. FEDERAL HWY   |                                                                              |
| 6.4 CITY-STATE-ZIP | POMPANO BCH FL        |                                                                              |

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 of this filing, or on an attachment with an address.

SIGNATURE: Joan Massingill  
June 12, 1998 954-941-4528

CR2E034 (10/97)