

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **649547** (7)  
1. Corporation Name  
**VINMA, INC.**



Principal Place of Business Mailing Address  
**1117 VALE ORCHARD LANE**  
**JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified **12/27/1979** 3a. Date of Last Report **03/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **4132 Atlantic Blvd.** 26 **4132 Atlantic Blvd.**

4. FEI Number **59-1959801** Applied For  
Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 City & State 28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip **32207** 25 Country 29 Zip **32207** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESALVO, VINCENT F., JR.**  
**1117 VALE ORCHARD LANE**  
**JACKSONVILLE FL 32207**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4132 Atlantic Blvd.**  
83  
84 City **FL** 85 Zip Code **32207**

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 **VINCENT F. DESALVO, JR.** *Vincent F. Desalvo, Jr.* **March 12, 96**  
Signature, typed or printed name of registered agent and first day available (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESALVO, VINCENT F., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>1117 VALE ORCHARD LANE</b>	1.3 STREET ADDRESS	<b>4132 Atlantic Blvd.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	<b>32207</b>
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESALVO, MARY</b>	2.2 NAME	
STREET ADDRESS	<b>1117 VALE ORCHARD LANE</b>	2.3 STREET ADDRESS	<b>4132 Atlantic Blvd.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	<b>32207</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Vincent F. Desalvo, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (12/95)