FILED
Jan 29 1998 8:00am
Secretary of State

Jan 29 1998 8:00ar	n
Secretary of State	)

FILE NUW.	FILING	FEE AFTEN	MIMI	191	19 à	<b>330.00</b>
PROFIT			FLORIE	DA DEP	ARTME	NT OF STATE
0000004710						

CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

VINMA, INC.

Principal Place of Business 4132 ATLANTIC RIVID.

Mailing Address

4132 ATLANTIC REVD

JACKSONVILLE FL 32207  JACKSONVILLE FL 32207  US  US			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified			
			12/27/1979			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-1959801	Not Applicable		
Suite, Apt. #, etc. 22 11403 Motor Yacht Dr, North	Suite, Apt. #, etc. 27 11403 Motor Yach	t Dr, North		8.75 Additional Fee Required		
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 32225 25 US	29 32225 30	untry US	8. This corporation owes or has paid the current Personal Property Tax due June 30.	∕es □ No		
<ol> <li>Name and Address of Current F</li> </ol>	legistered Agent		10. Name and Address of New Registered Age	ent		
DESALVO, VINCENT F., JR.		81 Name				
4132 ATLANTIC BLVD, JACKSONVILLE FL 32207		Street Address (P.O. Box Number is Not Acceptable) 11403 Motor Yacht Drive, North				
		83				
State   City   Jacksonville   State   State						
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 reinstating)  DATE						

SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	ANGES TO	OFFICERS.		
TITLE	PD 🗆	DELETE	1.1 TITLE				X Change	Addition
NAME	DESALVO, VINCENT F.,JR.		12 NAME					
STREET ADDRESS	4132 ATLANTIC BLVD.		1.3 STREET ADDRESS	11403 Motor N	Yacht	Drive,	North	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	Jacksonville,	, FL	32225		
TITLE	STD $\square$	DELETE	2.1 TITLE				🔀 Change	Addition
NAME	DESALVO, MARY		2.2 NAME					
STREET ADDRESS	4132 ATLANTIC BLVD.		2.3 STREET ADDRESS	11403 Motor Y	Yacht	Drive,	North	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	Jacksonville,	, FL	32225		
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME			,		
Street address			3.3 STREET ADDRESS					
CITY - ST - ZIP			3,4, CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5,1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZiP					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
								ı

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.

904-398-7983

CR2E034 (10/97)