

**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 # 694122 (3)

1. Corporation Name  
**VINANN, INC.**



Principal Place of Business: 156 HARBOR VIEW DRIVE, P.O. BOX 891, TAVERNIER FL 33070  
Mailing Address: 156 HARBOR VIEW DRIVE, P.O. BOX 891, TAVERNIER FL 33070

3. Date Incorporated or Qualified: 07/13/1981  
3a. Date of Last Report: 02/14/1995  
4. FEI Number: 59-2100424  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-29)  
22. City & State  
23. Zip  
24. Country

9. Name and Address of Current Registered Agent: BIONDOLETTI, ANNA, 156 HARBOR VIEW DRIVE, TAVERNIER FL 33070  
10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	<del>P BIONDOLETTI, VINCENT 156 HARBOR VIEW DRIVE TAVERNIER FL</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VICE President Joseph Biondoletti 156 Harbor View Dr - TAVERNIER - Fla - 33070
<input checked="" type="checkbox"/> DELETE	<del>ST BIONDOLETTI, ANNA 156 HARBOR VIEW DRIVE TAVERNIER FL</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT ANNA Biondoletti 156 Harbor View Dr. TAVERNIER - Fla - 33070
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY-TREASURER SHANNON Biondoletti 156 Harbor View Dr. TAVERNIER - Fla 33070
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Anna Biondoletti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Anna Biondoletti*

2/1/96 305-852-8239  
DATE: 02/01/96 TELEPHONE: 305-852-8239

CR2E034 (12/95)