FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 22 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 # **694122** **(3)**

1. Corporation Name
VINANN, INC.

Principal Place of Business	Mailing Address
~~156 HARBOR VIEW DRIVE~~ P.O. BOX 891 TAVERNIER FL 33070	~~156 HARBOR VIEW DRIVE~~ P.O. BOX 891 TAVERNIER FL 33070-0891

3. Date Incorporated or Qualified: 07/13/1981
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21: 91200 OVERSEAS HWY
22: Suite, Apt #, etc.
23: City & State: TAVERNIER FL
24: Zip: 33070
25: Country: USA

2a. Mailing Address
26: P.O. Box 39
27: Suite, Apt #, etc
28: City & State: TAVERNIER FL
29: Zip: 33070
30: Country: USA

4. FEI Number: 59-2100424 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BIONDOLETTI, ANNA~~
~~156 HARBOR VIEW DRIVE~~
~~TAVERNIER FL 33070~~
CHARLES TITTLE
91760 OVERSEAS HWY
TAVERNIER, FL 33070

10. Name and Address of New Registered Agent

81 Name: CHARLES TITTLE
82 Street Address (P.O. Box Number is Not Acceptable): 91760 OVERSEAS HWY
83:
84 City: TAVERNIER FL 85 Zip Code: 33070

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] Charles P. Tittle 1-14-97
Signature, type or print name of registered agent and title if applicable (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	VP BIONDOLETTI, JOSEPH ~~156 HARBOR VIEW DR~~ ~~TAVERNIER FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P BIONDOLETTI, JOSEPH 154 DICKIE WAY TAVERNIER, FL 33070	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BIONDOLETTI, ANNA 156 HARBOR VIEW DR TAVERNIER FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BIONDOLETTI, SHANNON ~~156 HARBOR VIEW DR~~ ~~TAVERNIER FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	ST BIONDOLETTI, SHANNON 154 DICKIE WAY TAVERNIER, FL 33070	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Joseph Biondolette 1-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0155265