

**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 # **698345**  
1. Corporation Name

**VERMONT HEIGHTS, INC.**

Principal Place of Business: **PO Box 69-4662 Miami FL 33269**  
Mailing Address: **PO Box 69-4662 Miami FL 33269**

3. Date Incorporated or Qualified: **08/07/1981**  
3a. Date of Last Report: **03/31/95**  
4. FEI Number: **59-2125840**  
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. Suite Apt # etc  
22. City & State  
23. Zip Country  
24. Zip Country  
25. Zip Country  
26. Mailing Address  
27. Suite Apt # etc  
28. City & State  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent  
**Brenner, Richard M.  
21 SE First Ave., Suite 900  
Miami FL 33131**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE  
NAME: **Rosenberg, Teri**  
STREET ADDRESS: **20530 NE 13th Ct.**  
CITY, ST, ZIP: **N. Miami Beach FL**  
2. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
3. TITLE  
NAME  
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CITY, ST, ZIP  
6. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
9. TITLE  
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58. NAME  
59. STREET ADDRESS  
60. CITY, ST, ZIP  
61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY, ST, ZIP

**900001761109**  
**-03/28/96--01056--032**  
**\*\*\*200.00**

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)(c), 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: *Teri Rosenberg*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Teri Rosenberg, 3/1/96 (305)447-2477**

CR2E034 (12/95)

*2-28-96*