## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT .

~ 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000000317

1. Corporation Name

THE OLIVER VANDERRILT CORPORATION

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90133 009 \*\*\*150.00

THE GET	VEH VANDENDIET OOM ONE							
Principal Place of Business Mailing Address						1 1981188 1112 (2124 1111 2211 2211 2211 2211 221		
9075 S.E. BRIDGE ROAD 111 GOMEZ ROAD HOBE SOUND FL 33455 HOBE SOUND FL 33455								
US						DO NOT WRITE IN THE	S SPACE	<del></del>
						3. Date Incorporated or Qualifed 01/25/1993		
Principal Place of Business 2a. Mailing Address						4. FEI Number	F	Applied For
21 12010 SE Dixie Highway 26						23-1730648		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		Additional Required
City & State City & State						6. Election Campaign Financing	\$5:0	0 May Be
23 Hobe Sound FL 28				Trust Fund Contribution			d to Fees	
10 100 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Cour	untry 8. This corporation owes the current year Intangible				
24 33455 25 USA 29 30			30			Personal Property Tax.		
24 30 1	9. Name and Address of Current					10. Name and Address of New Registered	I Agent	
				81	Name			
VANDERBILT, OLIVER D 111 GOMEZ ROAD				82	Street Addre	is (P.O. Box Number is Not Acceptable)		
HOBE SOUND FL 33455				83				
			-	84	City	F	85 Zip	Code Code
	0500	1 007 1500 Florida Otabuta	- 455					ts registered
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			Agent	t signature required		ND DIDEC	TODG IN 42
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	CPT							
NAME	VANDERBILT, OLIVER D							
STREET ADDRESS	111 GOMEZ ROAD				ADDRESS			Ì
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TITLE			6.2 NA			•	·	
NAME					ADDRESS			
STREET ADDRESS						·		
CITY-ST-ZIP			6.4 CF	1-51	1-4P			

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 on the receiver or trystee 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 attactiment with an address, with all other like empowered.

SIGNATURE:

January 5, 1999