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 # F94000003161 (6)

1. Corporation Name

VINYET ENTERPRISES INC.

Principal Place of Business	Mailing Address
6250 N. MILITARY TRAIL WEST PALM BEACH FL 33407	6250 N. MILITARY TRAIL WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified 06/16/1994	3a. Date of Last Report 04/18/1995

4. FEI Number 13-2649585	Applied For Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

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

YETTITO, VINCENT R
2955 FRENCHMANS PASSAGE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	**YETTITO, VINCENT**		1.2 NAME		
STREET ADDRESS	~~2955 FRENCHMANS PASSAGE~~		1.3 STREET ADDRESS	2547 La Cristal Circle	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	**STD**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**YETTITO, JUDY**		2.2 NAME		
STREET ADDRESS	~~2955 FRENCHMANS PASSAGE~~		2.3 STREET ADDRESS	SAME as above.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		2.4 CITY-ST-ZIP		
TITLE	**VD**	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**YETTITO, VINCENT R JR**		3.2 NAME		
STREET ADDRESS	3230 FOXRIDGE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: _X_ *Vincent R Yettito*   4/30/96   407 881-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)