

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003994 (8)

1. Corporation Name
VASTORIA, INC.

Principal Place of Business
1801 S. DECATUR BLVD. #26029
LAS VEGAS NV 89126-0029

Mailing Address
1801 S. DECATUR BLVD. #26029
LAS VEGAS NV 89126-0029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/06/1996

4. FEI Number
88-0356520

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

STETSON, BONNIE
4910 PINE RIDGE RD.-1
WEST PALM BEACH FL 33417

EMMA S ALTIERI
140-C WEYBRIDGE CIR
ROYAL PALM BEACH, FL
33411

10. Name and Address of New Registered Agent

81. Name Roger Kroger
82. Street Address (P.O. Box Number is Not Acceptable) 6130 West Flamingo Rd #135
83. City Las Vegas
84. State NV FL 85. Zip 89103

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 and title of agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FREID, JOSHUA	
STREET ADDRESS	1021 W 5TH AVE #12B	
CITY-ST-ZIP	LAS VEGAS NV 89126	
TITLE	D	DELETE
NAME	TYLER, MARTY	
STREET ADDRESS	4781 E. FLAMINGO RD. #216	
CITY-ST-ZIP	LAS VEGAS NV 89103	
TITLE	PST	DELETE
NAME	STETSON, BONNIE	
STREET ADDRESS	1801 S. DECATUR BLVD. #26029	
CITY-ST-ZIP	LAS VEGAS NV 89126-0029	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	Change	Addition
1.2 NAME	Emma S. Altieri		
1.3 STREET ADDRESS	140-C Weybridge Cir		
1.4 CITY-ST-ZIP	Royal Palm Bch, FL 33411		
2.1 TITLE	D	Change	Addition
2.2 NAME	Thomas Balletta		
2.3 STREET ADDRESS	712 US Highway One, 3rd Fl		
2.4 CITY-ST-ZIP	North Palm Bch, FL 33408		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: Emma S. Altieri AS REGISTERED AGENT

CR2E034 (10/97)