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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96060

(1)

ROBERT VENDETTE GENERAL CONTRACTOR, INC.

Principal Place of Business

Mailing Address

1802 NORTH R STREET LAKE WORTH FL \$3460

1802 NO R ST LAKE WORTH FL 33460-6615

## FILED Apr 18 1997 8:00am Secretary of State



		US		L
<del></del>				3. Date Incorporated or Qualified
	lace of Business	2a. Mailing Address		4. FEt Number Applied For
	Allendale	26 P.O. Box	11497	59-2213099 Not Applicable
Suite, Apt. 22 # B		Suite. Apt. #, etc.	<u> </u>	5. Certificate of Status Desired S8.75 Additional Fee Required
	Palm Beach, Fl	City & State  28 West Palm	Beach, Fl	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 334c			Country 30 USA	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes X yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
VENDETTE, ROBERT  1903 NORTH B STREET				
1802 NORTH R STREET				Address (P.O. Box Number is Not Acceptable)
LAKE WORTH FL 33480				
			83	
			84 City	85 Zip Code
			∐Но∩	nosassa FL 34446
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 (dic if applicable (NOTE	Registered Agent signature	required when reinstating) DATE.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TŠD	☐ DELETE	1.1 TITLE	TSD Cacalas Addition
NAME	VENDETTE, CARALEE A		1.2 NAME	Vendette Caralee A. Change Addition 20 Pine St.
STREET ADDRESS	1802 NORTH R STREET		1.3 STREET ADDRESS	20 Pine St.
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-Z(P	HomosassA F1 34446
TITLE	PD	DELETE	21 1006	Change Addition
NAME	vendette, robert		2.2 NAME	Vendette, Kobert
STREET ADDRESS	1802 NORTH R STREET		2.3 STREET ADDRESS	20 Pine St.
CITY-ST-ZIP	LAKE WORTH FL			Homosassa, Fl 34446
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			•	
			5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-SI-ZIP 6.1 THLE	Change Addition
		DECEME		Change Addition
NAME OTREET ADDRESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
14. I do hereb	nu portific that the information assessed	with this filing does not a refer	6.4 CITY - ST - ZIP	otad in Caption 440 07/00/3 Flacida Charles 14 allers and 11 allers
14. I do hereby certify that the information supplied with this filing does not quality 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.				