

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 # G20994

1. Corporation Name

JADE BY VANDERVELL OF FLORIDA, INC.

REJECTED JAN 06 1999

Principal Place of Business

COACH & HORSES BERTISH PUB
6240 N LOCKWOOD RIDGE RD
SARASOTA FL 34243-2527
US

Mailing Address

[REDACTED]
SARASOTA FL 34243

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 6240 N. LOCKWOOD RIDGE RD
SARASOTA FL 34243

27 Suite, Apt. #, etc.

28 SARASOTA FL

29 34243 30 US

9. Name and Address of Current Registered Agent

CANCELLED AUG 31 1998

3. Date Incorporated or Qualified

01/31/1983

4. FEI Number

59-2255542

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 the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name VANDERVELL MARTIN C

82 Street Address (P.O. Box Number is Not Acceptable)

6240 N. LOCKWOOD RIDGE RD

83

84 City SARASOTA

FL

85 Zip Code 34243

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VANDERVELL, MARTIN C
6240 N. LOCKWOOD RIDGE RD
SARASOTA FL 34243

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
VANDERVELL MARTIN C
6240 N. LOCKWOOD RIDGE RD
SARASOTA FL 34243

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4.7.99 941 358 1353

Date

Daytime Phone #

CR2E034 (1/198)

04/14/99

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90204 027 ***150.00



DO NOT WRITE IN THIS SPACE