

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90072 047 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # G62767**

1. Corporation Name  
**VANDERBILT COMMERCE CORP.**



Principal Place of Business <b>5601 TURTLE BAY DR. SUITE 2201 NAPLES FL 33963</b>	Mailing Address <b>5601 TURTLE BAY DR. SUITE 2201 NAPLES FL 33963</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 290 1815 ST</b>		2a. Mailing Address <b>26 290 1815 ST</b>		3. Date Incorporated or Qualified <b>09/21/1983</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2429203</b>	
City & State <b>23 FT MYERS BEACH</b>		City & State <b>28 FT MYERS BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33931</b>		Country <b>25 LEE</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29 33931</b>		Country <b>30 LEE</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORCELLI, DONALD N. 5601 TURTLE BAY DR # 2201 NAPLES FL 33963</b>		10. Name and Address of New Registered Agent	
290 1815 ST FT MYERS BEACH FL 33931		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Donald N. Corcelli* DATE 3/21/99  
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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORE, JOSEPH M</b>		1.2 NAME	
STREET ADDRESS <b>1036 MULBERRY DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32821</b>		1.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORE, JOSEPH</b>		2.2 NAME	
STREET ADDRESS <b>1036 MULBERRY DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 2 328</b>		2.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DIRECTOR - PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORCELLI, DONALD N</b>		3.2 NAME <b>TREASURER</b>	
STREET ADDRESS <b>5601 TURTLE BAY DR, #2201</b>		3.3 STREET ADDRESS <b>290 1815 ST</b>	
CITY-ST-ZIP <b>NAPLES FL 33963</b>		3.4 CITY-ST-ZIP <b>FT MYERS BEACH FL 33931</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>DIRECTOR - VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>MARY E. CORCELLI SECRETARY</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>290 1815 ST</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>FT MYERS BEACH FL 33931</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Donald N. Corcelli* DATE 3/21/99 DAYTIME PHONE # 941-463-9577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)