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 # **H75507** **(4)**

1. Corporation Name

VANTAGE REAL PROPERTY HOLDING CORP.

Principal Place of Business	Mailing Address
~~650 N. TAMIAMI TRAIL~~ ~~OSPREY FL 34229~~	~~650 N. TAMIAMI TRAIL~~ OSPREY FL 34229

2. Principal Place of Business	2a. Mailing Address
21 2440 TAMIAMI TRAIL N	26 2440 TAMIAMI TRAIL N
Suite, Apt. #, etc. 22 P.O. Box 1608	Suite, Apt. #, etc. 27 P.O. Box 1608
City & State 23 NOKOMIS, FL	City & State 28 NOKOMIS, FL
Zip 24 34275 Country 25 US	Zip 29 34275 Country 30

3. Date Incorporated or Qualified: **09/09/1985**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-2574816** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBENALT, JOHN F.
~~650 N. TAMIAMI TRAIL~~
~~OSPREY FL 34229~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 2440 TAMIAMI TRAIL NORTH

83 P.O. Box 1608

84 City NOKOMIS FL 85 Zip Code 34275

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBENALT, JOHN F. ~~650 N. TAMIAMI TRAIL~~ ~~OSPREY FL 34229~~	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LUZIER, THOMAS B. ~~650 N. TAMIAMI TR~~ ~~OSPREY FL 34229~~	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	2440 TAMIAMI TRAIL NORTH NOKOMIS, FL 34275	☑ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	2440 TAMIAMI TRAIL NORTH NOKOMIS, FL 34275	☑ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true. Failure to furnish a current address may result in the dissolution of this corporation. 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: Thomas B Luzier 3/12/96 941.966.7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number