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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H75507

(4)

VANTAGE REAL PROPERTY HOLDING CORP.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									1 (48101) 0111 10801 01101 01111 88111	1 801 01011 019 11		*****	1441 (441		
2440 TAMIAMI TRAIL N 2440 TAMIAMI T															
P.O. BOX 1608 NOKOMIS FL 34275 US				P.O. BOX 1608						DO NOT WRITE IN THIS SPACE					
				NOKOMIS FL 34275 US						3. Date Incorporated or Qualified					
				••						09/09/1985					
2. Principal Pl	lace of Busin	noss		2a. Mail	ng Address					4. FEI Number	······································		App	lied For	
21			26						59-2574816			Not	Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired				iditional		
22				27						o, commode of characteristic		Fee	Peq e	ulred	
City & State				City & State						6. Election Campaign Financing				lay Be	
23				7 _(p) Country						Trust Fund Contribution	<u> </u>		ed to		
Zip	Country			h			Outing			8. This corporation owes or has personal Property Tax due Jui		rentyea Yes	r Intar		
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2			29 epistered						10. Name and Address of New I				140	
DO!	BENALT, J						81	Name	,						
	DENALI, J 10 TAMIAM	rui					A			-1.1.3					
	KOMIS FL	n			82	Street	Addres	ss (P.O. Box Number is Not Accept	able)						
110	NOMIS FL					83									
												2.21	- · · · · · · ·	1-	
							84	City			FL	. 1 . 1	Zip Ci		
11. Pursuant l	to the provis	ions of Sections	607.0502 a	nd 607.15	08, Florida Statu	ites, the a	bove	-namec	corpo	ration submits this statement for the in's board of directors. I hereby acc	purpose of	changir	ng its	registered	
office or re agent. I se	egistered ag m familiar wi	jent, or both, in th, and accept	the State of the obligatio	Horida St ns of, Sec	ich change was tion 607.0505, Fl	authorize Iorida Sta	ed by itutes	the cor 3.	rporatio	in's board of directors. I hereby acc	ept the app	iointmen	tasre	egistered	
SIGNATURE		,			•										
Signature, typed or printed name of ingistered agont and liftle if applicable (NOTE: Regist								nt signatur	e required	f when reinstating)	DATE				
12.		OFFIC	CERS AND D	IRECTOR		13.			т	ADDITIONS/CHANGES TO OF	ICERS AND	DIREC Char		IN 12	
TITLE	DP				DELETE		ITLE					LI Char	iğe	LI AQUIDON	
NAME		ALT, JOHN F.					LAME								
STREET ADDRESS		MIAMI TRAIL.	NUNIN					ADDRESS							
CITY+ST-ZIP TITLE	NOKOM DVS	IIS FL			DELETE	2.17	ATY-S	1 - ZIP	 			Char	nne	Addition	
NAME		THOMAS B.				2.21							.80		
STREET ADDRESS		MIAMI TRAIL	NORTH					ADDRESS							
CITY-ST-ZIP	NOKOM		HOMI				CITY-S								
TITLE	HOROM	IO I L			DELFTE	3.1 7		21 - 2.11	 			☐ Char	100	Addition	
NAME					_	3.21			1					ŀ	
STREET ADDRESS								ADDRESS						•	
CITY-ST-ZIP							CITY-S		1						
TITLE					DELETE	4.13			Ĭ			Char	198	Addition	
NAME						4. 2	NAME		1						
STREET ADDRESS						4.3 5	TAEET	ADDRESS	1						
CITY-ST-ZIP						4.40	ITY-S	T-ZIP	<u> </u>						
TITLE					DELETE	5.1 1	ITLE					☐ Char	ı g e	Addition	
NAME						5.2 1	IAME		1						
STREET ADDRESS						535	TREET	ADDRESS						ļ	
CITY-ST-ZIP			 				HY-S	T-ZIP							
TITLE					DELETE	617						☐ Char	nge	☐ Addition	
NAME						6.2 1									
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP						640	my-s	T - ZIP	1						

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 supplimental 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 of 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 changer of our in attackment with an address.