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 # **H83975** **(3)**

1. Corporation Name

VANTAAGE N. A., INC.

Principal Place of Business	Mailing Address
% JAMES R. ANTHONY 170 LAKESIDE E DAYTONA BEACH FL 32124	% JAMES R. ANTHONY 170 LAKESIDE E DAYTONA BEACH FL 32124

3. Date Incorporated or Qualified: **11/05/1985**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-2654931** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1821 HOLSONBACK DR	26 1821 HOLSONBACK DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DAYTONA BEACH, FL	28 City & State: DAYTONA BEACH, FL
24 Zip: 32117 25 Country: USA	29 Zip: 32117 30 Country: USA

9. Name and Address of Current Registered Agent

ANTHONY, JAMES R.
170 LAKESIDE E
DAYTONA BCH FL 32124

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: James R Anthony President JAMES R. ANTHONY 5/31/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required by law) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY, JAMES R.		1.2 NAME		
STREET ADDRESS	170 LAKESIDE E		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, GUILLERMO A.		2.2 NAME		
STREET ADDRESS	51 CRESTWOOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: James R Anthony President JAMES R. ANTHONY 5/31/96 904 274-2342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)