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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # J98139

(5)

VESTA BUILDING CORPORATION

Principal Place of Business 4116 HUKGLAND PARK CIRCLE LUTZ FL 33549 US		-	Mailing Address THE HIGHLAND PARK CIRCLE LUTZ H. 33519 5805 US				MINIO AIRIS ANDIN OSOSI BIRTI BIRSI I	## 1
		LUTZ FL 3354						
						3. Date incorporated or Qualified 10/20/1987	3a. Date of Last Report 08/02/1996	
2. Principal Pl	lace of Business	2a. Mailing Ad				4. FEI Number	Applied	
21	и	26 <i>P.O.</i>		6_		59-2858000	Not App	
Surie, Apt. :	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Addith	
City & State)	City & Sta	te			6. Election Campaign Financing	\$5.00 May	
23		28 44		~2,	•	Trust Fund Contribution	Added to Fe	
Zip	Country	Zip		Country		8. This corporation has liability for i		032.
24	25	29 335 4	30	4	1.8		Yes No	
	9. Name and Address of 0	Current Registered Ager	ıt			10. Name and Address of New Re	latered Agent	·
	RGGREN, LENNART			81	Name		•	
	8 HIGLAND PARK CIRCLE			82	Street Ad	ldress (P.O. Box Number is Not Acceptab	le)	
LU1	Z FL 33549			83			·	
				84	City		FL 85 Zip Code	
11. Parsuant t	to the provisions of Sections 60	07.0502 and 607.1508, FI	orida Statutes, the	e abov	-named co	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its reg	stered
office or re agent. Ear	egistered agent, or both, in the milfamiliar with, and accept the	e State of Florida. Such of obligations of, Section 6	iange was author 07.0505, Florida S	ized by Statule:	/ the corpoi s.	ration's board of directors. I hereby accep	it the appointment as regis	rerea
SIGNATURE								
	Signature Typed or printed name of regist				ent signature red	quired when reinstating)	DATE	
12.	PD OFFICER	RS AND DIRECTORS		.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Addition
TITLE NAME	BORGGREN, LENNART	L		.2 NAME			Li Olidiige Li	rodition
STREET ADDRESS	4116 HIGHLAND PARK (CIR.			ADDRESS			
City-S1-ZiP	LUTZ FL 33549	711 3.		.4 CITY - S				
TRUE	STD			1 TITLE	11 * £1F		☐ Change ☐	Addition
NAME	BORGGREN, NANCY			.2 NAME				
STREET ADDRESS	4116 HIGHLAND PARK (CIR.	2	3 STREET	ADDRESS			
City-St-ZiP	LUTZ FL 33549			. 4 CfTY-1	•			
THLE			DELETE 3	1 TITLE			Change	Addition
NAME			3	2 NAME	-			
STREET ADORESS			3	3 STREET	ADDRESS			
CITY-ST-ZIP				4. CITY-	ST-ZIP			1 d 100
TITLE		L.,		L1 TITLE	:		☐ Change ☐	Addition
NAME			1	2 NAME				
STREET ADORESS					ADDRESS			
COLY+ST-2IP				4 CITY-5	ST-ZIP		Change	Addition
TITLE		L		1 TITLE			Li Change Li	7
NAME CTOCCT ADDRESS				2 NAME	ADORESS		CC 31	1
STREET ADDRESS				.3 SIREE :4 CITY-5			V 1	1
CITY - ST - ZIF TITLE				A CHY-S	or-zir		☐ Change ☐	Addition
NAME		•	_	2 NAME	;	30000217 -05/15/970107 ***165-00	9473	
STREET ADDRESS					ADDRESS	-05/15/97010	21024	
3			l "			###165.00		

14. I do 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 cerval 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 phaged, or or an automent with an address.

SIGNATURE:

O MINOULO DE PONTO DE

1/2097

FILED

May 07 1997 8:00am

Secretary of State

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