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

0339352

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50107
1. Corporation Name
VERMONT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
100 SW 15TH DRIVE BOCA RATON FL 33432	100 SW 15TH DRIVE BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed **12/05/1988**		
21		26		4. FEI Number **65-0084039**		Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☑		**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing ☐ Trust Fund Contribution		**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No		

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
THOMAS, JOHN C., ESQ. 240 W. PALMETTO PARK RD. SUITE 210 BOCA RATON FL 33432	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	T/S/D		☒ Change	☐ Addition
NAME	FENICK, RICHARD J., II		1.2 NAME				
STREET ADDRESS	100 SW 15TH DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP				
TITLE	VSD	☒ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	FENICK, VICTORIA D.		2.2 NAME				
STREET ADDRESS	100 SW 15TH DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	P/D		☐ Change	☒ Addition
NAME			3.2 NAME	MICHAEL D STUFANO			
STREET ADDRESS			3.3 STREET ADDRESS	35 HURON AVE			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	LYNCHBURG, VA 24503			
TITLE		☐ DELETE	4.1 TITLE	V/D		☐ Change	☒ Addition
NAME			4.2 NAME	MICHAEL J WAUGH			
STREET ADDRESS			4.3 STREET ADDRESS	3252 NE 5TH AVE			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33431			
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				

CR2E034 (11/98)

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: _Richard J. Fenick II_ T/S/D RICHARD J FENICK II 4/26/99 561-392-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #