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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05316 (9)
1. Corporation Name
VETTE IV CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business % ROBERT GORBY 5150 - 126 AVE. CLEARWATER FL 34620		Mailing Address % ROBERT GORBY 5150 - 126 AVE. CLEARWATER FL 34620	
2. Principal Place of Business 21 6399 142nd Ave. N. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Clearwater Zip 24 33760		2a. Mailing Address 26 6399 142nd Ave. N. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Clearwater Zip 29 33760 Country 30 Pinellas	
g. Name and Address of Current Registered Agent GORBY, ROBERT 5150 - 126 AVENUE CLEARWATER FL 34620		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6399 142nd Ave. N. 83 Suite 101 84 City Clearwater 85 Zip Code 33760	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President, Secretary, Treas.
NAME	GORBY, ROBERT	1.2 NAME	
STREET ADDRESS	5150 - 126 AVENUE	1.3 STREET ADDRESS	6399 - 142nd Avenue North, Suite 101
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 33760
TITLE	ST	2.1 TITLE	
NAME	GORBY, MARYETTE	2.2 NAME	
STREET ADDRESS	5150 - 126 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ 4-8-98 813-524-2931

CR2E034 (10/97)