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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L40301 1. Corporation Name

VANDERBILT DRIVE CORPORATION

FILED
Feb 10, 1999 8:00am
Secretary of State
02-10-1999 90077 022 ***150.00

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Principal Plac	e of Business	Mailing Address						2.0 2.2	
15 8TH ST #A		15 8TH ST #A			·				
SUITE 1 BONITA SPGS FL 34134			SUITE 1		DO NOT WRITE IN THIS SPACE				
US		US US	BONITA SPGS FL 34134		3. Date Incorporated or Qualifed				1
		•			01/05/1990				
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number			oplied For	1
 1			26		65-0177701	•		ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	4
		27	_ ' '		5. Certifcate of Status Desired	ı 🗅,		equired	
22 City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	⊢ ′		Trust Fund Contribution	" ^y 🗅		мау ве to Fees	
Zip	Country	Zip ·	Country	v	8. This corporation owes the o	rurrent vear Intar		10 1 003	1
24	25	<u> </u>	30	,	Personal Property Tax.		Yes	□No	
	9. Name and Address of C				10. Name and Address of Ne				1
			81	Name					ĺ
ELFI	erdink, steven r								
15-	8TH ST #A		82	Street Addr	ess (P.O. Box Number is Not Acce	eptable)			
BON	IITA SPGS FL 34134		83	1	104 (417) 3546 494 SI	SEPTEMBER DEN BIE	12840	1 2 15 18	1
				1		日間限制 問	Para Carl		
			84	City		FL	85 Zip	Code	ĺ
11 Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes	s the abov	e-named corn	oration submits this statement for		hanging its	registered	ł
office or r	registered agent, or both, in the	State of Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby ac	cept the appoint	ment as re	gistered	1
	m familiar with, and accept the o	obligations of, Section 607.0505, Florid	ua statut es	5.				- 1	
SIGNATURE					i when rejustating):	DATE		- 1	
SIGNATURE	· Signature, typed or printed name of register				d when reinstating); ,	DATE OFFICERS AND	DIRECTO	DRS IN 12	(98)
SIGNATURE	Signature, typed or printed name of register OFFICER	ed agent and title if applicable. (NOTE: F	Registered Age		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	DRS IN 12	11/98)
SIGNATURE	Signature, typed or printed name of register OFFICER	ed agent and title if applicable. (NOTE: F	Registered Age			OFFICERS AND			4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of register OFFICER PS ELFERDINK, STEVEN	ed agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature required	ADDITIONS/CHANGES TO	OFFICERS AND			
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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 of the receiver or tystee 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, by on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Elferdink 1/19/99