

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 # **L65458 (6)**
1. Corporation Name
VENDORS INTERNATIONAL INC.



Principal Place of Business
**10825 WALNUT ST., NE
ST. PETERSBURG FL 33716**

Mailing Address
**10825 WALNUT ST., NE
ST. PETERSBURG FL 33716**

3. Date Incorporated or Qualified **04/16/1990** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 21	2a. Mailing Address 26 916 HARBOUR HOUSE DR.	4. FEI Number 52-1724324	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 INDIAN ROCKS BEACH, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 34635	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

**OKOPNY, MARK ANTHONY
916 HARBOUR HOUSE DRIVE
INDIAN ROCKS BEACH FL 34635**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	OKOPNY, MARK ANTHONY	
STREET ADDRESS	916 HARBOUR HOUSE DR	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OKOPNY, MORRIS	
1.3 STREET ADDRESS	10825 WALNUT STREET, N.E.	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33716	
2.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OKOPNY, LAURA	
2.3 STREET ADDRESS	916 HARBOUR HOUSE DR.	
2.4 CITY - ST - ZIP	INDIAN ROCKS BEACH, FL 34635	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **W. Mark Anthony Okopny** **MARK ANTHONY OKOPNY** **APRIL 03, 1996 (813) 596-6952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

CR2E034 (12/95)