

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

FILED  
May 12 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 # L68308 (O)  
1. Corporation Name  
VNB DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM G. MORRIS ESQUIRE  
247 NORTH COLLIER BLVD. SUITE 202  
MARCO ISLAND FL 33937

Vito J Viviano  
993 Lake Shore Rd  
Grosse Pt Shrs, MI  
48236-1169

DO NOT WRITE IN THIS SPACE

|                                |                        |   |  |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address   |  |
| 21 950 N. Collier Blvd.        | 26 993 Lakeshore Rd    | 3. Date Incorporated or Qualified<br>04/25/1990   |  |
| 22 Suite 419                   | 27 Suite, Apt. #, etc. | 4. FEI Number<br>65-0190006   |  |
| 23 Marco Island, FL            | 28 Gr. Pts Shores Mi   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 24 34145                       | 29 48236               | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 25                             | 30 USA                 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, WILLIAM G. ESQUIRE  
247 NORTH COLLIER BLVD.  
SUITE 202  
MARCO ISLAND FL 34145

81 Name VITO VIVIANO  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6955 MAUNA LOA LANE  
84 City NAPLES, FL 34113

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

*Vito Viviano*  
Signature, typed or printed name of registered agent and file # and word

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-25-98

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | PO                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOFF, JOSEPH            | 1.2 NAME  |   |
| STREET ADDRESS             | 8401 INDIAN WELLS       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL 02            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VSD                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VIVIANO, WILLIAM (VITO) | 2.2 NAME  |   |
| STREET ADDRESS             | 993 LAKESHORE DRIVE     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GROSSE POINT SH MI      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOLTZ, ROBERT           | 3.2 NAME  |   |
| STREET ADDRESS             | 8131 RONDA COURT        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILSON, TERI            | 4.2 NAME  |   |
| STREET ADDRESS             | 137 CLYBURN WAY EAST    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARCO ISLAND FL         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Vito Viviano*  
4-25-98

CR2E034 (10/97)