FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

L82211

(8)

VINBILDAVE, INC.

Principal Place of Business	Mailing Addre
	A (A B) (

C/O DAVID CELENTANO 987 A1A HILLSBORO BEACH FL 33062 C/O DAVID CELENTANO 987 A1A HILLSBORO BEACH FL 33062

24	g. Name	25 e and Address of Curr	29 ent Regist	ered Agent	30	81	Name	10.	Florida Statutes LJ Yes Name and Address of New F		1 Agent
23	Zip	Country 25		<i>Ζ</i> (r)	├ ¬	untry		8.	This corporation has liability for Florida Statutes Yes	intangible t	tax under s. 199.032,
	City & State		28	City & State	/			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
22	Suite, Apt #, etc.		27	Suite. Apt. #, etc)			5.	Certificate of Status Desired		\$8.75 Additional Fee Required
2. 21	Principal Place of Busin	ess	2a. 26	Mailing Address				4.	FEI Number 65-0205548		Applied For Not Applicable
								3.	06/20/1990		05/01/1995

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	grafine typed or profest native of registered agent in 3 file of OFFICERS AND DIRE		Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 THE	Change Addition		
NAME	CELENTANO, DAVID	_	1.2 NAME			
STREET ADDRESS	987 A1A		1.3 STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH FL		14 CITY - S* - ZIP			
TITLE	DT	DELETE	2 1 TITLE	Change Addition		
NAME	CELENTANO, VINCENT L.		2.2 NAME			
STREET ADDRESS	987 HILLSBORO MILE		2 3 STREET ADORESS			
City-St-ZiP	HILLSBORO BEACH FL		2.4 CitY - \$1 - ZiP			
TITLE	D	DELFTE	3 1 1 TLF	Change Addition		
NAME	CELENTANO, WILLIAM		3.2 NAME			
STREET ADDRESS	987 A1A		3.3 STREET ADDRESS			
CITY-ST-2IP	HILLSBORO BEACH FL		3.4 CHTY+S1_ZIP			
TITLE		DELETE.	4 1 TITUE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7-P			4.4.0(TY+ST+ZIP			
THLE		DELETE	. 5 1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZIP			5.4 CITY+S1-ZIP			
TITLE		☐ DELETE	6 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CHTY - ST - ZIP			6 4 CITY - ST - 7:P			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 1:9.07(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 complication or the piecevor or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR