

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L90081**

1. Corporation Name

VENGROFF, WILLIAMS & ASSOCIATES, INC.

Principal Place of Business

**373 BRADEN AVE
SARASOTA FL 34243**

Mailing Address

**P.O. BOX 119
TALLEVAST FL 34270
US**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90208 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1990

4. FEI Number

58-1963137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3808 N TAMIAHI TR

26 PO BOX 4155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip Country

24 34234 25 USA

Zip Country

29 34230 30 USA

9. Name and Address of Current Registered Agent

**VENGROFF, HARVEY
3501 BAYOU CIRCLE
LONGBOAT KEY FL 34228**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CEO**
STREET ADDRESS **VENGROFF, HARVEY**
CITY-ST-ZIP **3501 BAYOU SOUND**
LONGBOAT KEY FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **JOEL VENGROFF**
CITY-ST-ZIP **1 BANKSIDE DR**
CENTERPORT NY 11721

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **MARK VENGROFF**
CITY-ST-ZIP **28 PARK CREST DR.**
NEWPORT COAST CA 92657

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **ROBERT WILLIAMS**
CITY-ST-ZIP **69 BAY AVE**
HALESITE NY 11743

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **KAISTY VENGROFF**
CITY-ST-ZIP **285 WOODBLUE BLVD.**
NORTHPORT NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-15-99 941 355 5900

CR2E034 (1/98)