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

L98876

(0)

DOCUMENT #
1. Corporation Name
HARRY VOGEL, INC.

Mailing Address



Principal Place of Busi	iness	159	aming Acid bac								
744 SEA PALM CT. SATELLITE BEACH FL 32937			744 SEA PALM CT. SATELLITE BEACH FL 32937								
							3. Date Incorporated or Qualified 09/06/1990	3a. [Date of Las 04/11	/1995	
2. Principal Place of 8	Business	2a.	. Mailing Address				4. FEI Number		<u> </u>	Applied For	
		26					59-2867838		\$B	Not Applicable 75 Additional	
Suite, Apt. #, etc.		1	Suite, Apt. #, etc.				5. Certificate of Status Desired		·	ee Required	
City & State		27	City & State				6. Election Campaign Financing Trust Fund Contribution		-	.00 May Be	
3	Country	28	Zip	Cou	intry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for it	ntangib	e tax unde	ers 199.032,	
Ζιρ [4]	25	29	- 1	30			Florida Statutes	N	0		
9. 1	Name and Address of Curre	nt Regi	stered Agent			,	10. Name and Address of New R	egiste	rea Agent		
					81						
BASS, DON/					82	Street Addr	ess (P.O. Box Number is Not Acceptab	iie)			
7168 S.E. O					83	 					
HOBE SOUND FL 33455									Toe.	85 Zip Code	
					84	1 '			FLI	,	
44 Days and to the	provisions of Sections 607 (15)	02 and 6	07.1508. Florida Statu	tes, the abo	L ove	named corpor	ration submits this statement for the pured of directors. I hereby accept the app	pose c	of changing	its registered officered agent. Lagr	
					cort	poration's boai	ration submits this statement for the purific of directors. I hereby accept the app	omune	in as regist	ereo agent ram	
familiar with, and	ent, or both, in the state of the discount of second the obligations of Se	CHOP OU	1.0003, 11011012 Clatimo							>	
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12.	OFFICERS A		CTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS	AND DIRE	inge	
	•		DEFELE	1.1	THLE					rige	
	Vogel, Harry			1.21	NAME						
	744 SEA PALM CT.			133	STHEE	! ADDRESS					
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14. If do hereby certify that the information supplied with this fring 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 execure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407)777-5309