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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1997			Secretary of State		
DOCUI	MENT # L988	76 (0)	<u>,</u>			
	VOGEL, INC.					
					/	
Principal Place of Business Mailing Address					TOWN AND LEADEN BIRNEY BURNEY MERCH COMP.	
744 SEA PALM CT. SATELLITE BEACH FL 32837  744 SEA PALM CT. SATELLITE BEACH FL 32837  744 SEA PALM CT. SATELLITE BEACH FL 328			-2500			
				3. Date incorporated or Qualified 09/06/1990	3a. Date of Last Report 04/25/1996	
2. Principal P	lace of Business	2e. Mailing Address 26		4. FEI Number 59-2867838	Applied For Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	(C)	City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b>	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for it	ntangible tax under s. 199.032	
24	25 9. Name and Address of		30	Florida Statutes  10. Name and Address of New Reg	Yes V No	
PAG	S, DONALD L.	Current neglistered Agent	B1 Name	IU, Italiia and Address Of New Hel	Sisteran whatt	
	8 S.E. OSPREY ST.		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
HOBE SOUND FL 33455				· · · · · · · · · · · · · · · · · · ·		
			83		{	
			84 City		FL 85 Zip Code	
office or i agent. I a	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statutes e State of Florida Such change was au e obligations of, Section 607.0505, Flor	s, the above-named cor athorized by the corpora ida Statutes.	poration submits this statement for the p tilon's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE	Signature Typed or printed haine of regis	stered agent and little if sopticable (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE	
12.	q	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	P VOGEL, HARRY	DELETE	1,1 TITLE 1,2 NAME		Change Addition	
STREET ADURESS	744 SEA PALM CT.		1,3 STREET ADDRESS		ļ	
City-St-Zif	SATELLITE BEACH FL		1.4 CITY - ST - ZIP			
HILE		DELETE	2.1 TITLE	7	Change Addition	
NAMi			2.2 NAME			
STREET ADDRESS	1		2.3 STREET ADDRESS			
City - ST - ZIP		DELETE	2, 4 CITY-\$1-ZIP		Change Addition	
NAME	1	<u> Бетеге</u>	3.1 TIFLE 3.2 NAME		L Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
011Y - \$1 - ZIF			3.4. CITY-ST-ZIP	*	•	
100	,	DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZiP		☐ DELETE	4.4 CiTY-ST-ZIP		Change Addition	
TIPLE NAME		□1 hcrc+c	5.1 TITLE 5.2 NAME		Fil cusuds Fil yagadan	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-70			5.4 CITY- ST-ZIP			
THUE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			
[ [] [] [] [] [] [] [] [] [] [] [] [] []	ł		6.4 CITY-ST-ZIP		1	

14. I do 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 eath; 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

**FILED** 

Apr 24 1997 8:00am