SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M80715** **(9)**

1. Corporation Name

WARREN AND VINCENT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4340 ANNA MARIA FL 34216	P.O. BOX 4340 ANNA MARIA FL 34216

3. Date Incorporated or Qualified: 05/11/1988
3a. Date of Last Report: 04/20/1995

21 Po Box 477	26 Po Box 477
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State: Ellenton Fl	28 City & State: Ellenton Fl
24 Zip: 34222 25 Country: USA	29 Zip: 34222 30 Country: USA

4. FEI Number: 65-0061619 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHEA, JOHN J. JR.
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: John SHEA JR
82 Street Address (P.O. Box Number is Not Acceptable): 9940 S. TAMIAMI TRAIL
83
84 City: Sarasota FL 85 Zip Code: 34239

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: _____ DATE: _____
Signature of president or other officer of registered agent (if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CANNON, WARREN 104 PELICAN DR ANNA MARIA FL 34216	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 9559 25th ST E Ellenton Fl 342 22
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MONTELLA, VINCENT 10380 SW 1 CT CORAL SPRINGS FL 33071	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANNON, KATARINA L. 104 PELICAN DRIVE ANNA MARIA FL 34216	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 9559 25TH ST E ELLENTON FL 342 22
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KATARINA L CANNON 8/2/96 (941) 776-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

01712396 58