

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 24 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40498

(8)

1. Corporation Name

VANSPEAR CORPORATION

Principal Place of Business

P. O. BOX 353
LEDGEWOOD NJ 07852

Mailing Address

P. O. BOX 353
LEDGEWOOD NJ 07852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

16-1152013

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORREALE, MARCUS G.
13341 SW 115TH PLACE
MIAMI FL 33176

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

Marcus G. Morreale

Marcus G. Morreale, Registered Agent

1/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VCD
NAME	MORREALE, ANGELO G.
STREET ADDRESS	9 EDOR LANE
CITY-ST-ZIP	SUCCASUNNA NJ
TITLE	P
NAME	MORREALE, ANGELO G.
STREET ADDRESS	9 EDOR LANE
CITY-ST-ZIP	SUCCASUNNA NJ
TITLE	CDS
NAME	MORREALE, MARCUS G.
STREET ADDRESS	9 EDOR LANE
CITY-ST-ZIP	SUCCASUNNA NJ
TITLE	T
NAME	MORREALE, MARCUS G.
STREET ADDRESS	9 EDOR LANE
CITY-ST-ZIP	SUCCASUNNA NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	600001331406
1.3 STREET ADDRESS	-01/27/95--01056--022
1.4 CITY-ST-ZIP	****200.00 ****200.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marcus G. Morreale

Marcus G. Morreale, 1/12/95--(201)927-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR