

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

01/24/1995

4. FEI Number

16-1152013

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes ☐ Yes ☒ No

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 607.1503, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

REGISTERED AGENT / TREASURER

2/22/96

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP 4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY, ST, ZIP 8. TITLE 9. NAME 10. STREET ADDRESS 11. CITY, ST, ZIP 12. TITLE 13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP 16. TITLE 17. NAME 18. STREET ADDRESS 19. CITY, ST, ZIP 20. TITLE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY, ST, ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, ST, ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY, ST, ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY, ST, ZIP 53. 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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS G. MORREALE

**Registered AGENT /
TREASURER**

2/22/96

2019273111

CR2E034 (12/95)