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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P92000011652 (4)

VANG	0111401110	ESORTS INTERNA		L, INC.	(-')							
Principal Plac	re of Busines	e		ailing Address					(188 100) II o Haiko Habi Adiki Daki I			OUR HAR ITE
l '		5	141	WALTER F. DEAI	DV			-				
WALTER F. DEARY 7196 OVERSEAS HIGHWAY 7196 OVERSEAS HIGHWAY 7196 OVERSEAS HIGHWAY						t WAY		ľ				
MARATHON	N FL 33050			MARATHON FL 3					DO NOT WRITE	IN THIS S	PACE	
								3	Date Incorporated or Qualified 12/15/1992			
	2. Principal Place of Business			2a. Mailing Address				4.	, FEI Number			oplied For
21	Suite, Apt. #, etc.			26					65-0374780			ot Applicable
22			27					5.	Certificate of Status Desired		•	Additional equired
City & Stat	te		-	City & State				6.	. Election Campaign Financing	-		May Be
23			28						Trust Fund Contribution			to Fees
Zip		Country	-	Zip	<u> </u>	_ Country □	ı	8.	. This corporation owes or has pa	_		
24	A Nama	and Address of Curre	29	tered Agent	30	<u> </u>			Personal Property Tax due June Name and Address of New Re			No
			aur veðis	tered Agent		81	Name	10	, Name and Address of New No	Aistelen W	gent	
	DEARY, WA											
7196 OVERSEAS HIGHWAY MARATHON FL 33050						82	Street Ad	ddress (I	P.O. Box Number is Not Acceptab	ole)		
	***************************************	FL 00000				83						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607.05	02 and 6	07.1508, Florida	Statutes,	the above	e-named co	orporatio	on submits this statement for the p		changing it	s registered
office or r	registered ag em familiar wi	ent, or both, in the Stat	e of Florid	da. Such change L Section 607 050	was auth 05. Florid	horized by la Statutes	the corpor	ration's	on submits this statement for the p board of directors. I hereby accep	ot the appo	intment as	registered
	atti larittiar w	in, and docept the only	ganons o	, 60011011 001 1001	00, 1 10114	a Didiator						
SIGNATURE	Signature, typod	or printed name of registered a	gent and title	if applicable.	(NOTE: Re	egistered Age	nt signature rec	guired whe	o reinstatino)	DATE		
12.		OFFICERS AF	10 DIDE							27112		
		OTTIGETISA	ND DIHEC			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
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14. I 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 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

11/01/1

STREET ADDRESS

CITY-ST-ZIP

305-763-657

FILED

Mar 06 1998 8:00am

Secretary of State