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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000061287 (7)

DOCUMENT #
1. Corporation Name

E. J. VINC!, INC.

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Principa	al Place of	Business		М	ailing Address					i dentinati den entre elem entre entre en	191 48 111 41 11 5 1	11 MEST (1	1861 18611 1 65 1 186)	
3 OCEANS WEST BLVD. UNIT 3B4 3 OCEANS WEST BUNIT 3B4														
DAY	DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH					CH SHORES FL 32118				3. Date incorporated or Qualified 3a. Date 08/27/1993			e of Last Report 04/04/1995	
2. Princ	cipal Place	of Busine	ess	2a	. Mailing Address					4. FEI Number			Applied For	
21				26						59-3197369			Not Applicable	
Suite	e, Apt. #,	etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee	Additional Required	
City -	& State			28	City & State					Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees	
Zip			Country		Zip	Co	untry		-	8. This corporation has liability for		cunder s	199.032,	
24			25	29		30			L_	Florida Statutes	□ No			
		9. Name	and Address of Co	rrent Regi	stered Agent		81	Name		10. Name and Address of New P	egistereu /	. Bailt		
i.							61	1						
VINCI, E.J. 3 OCEANS WEST BLVD.						82	Street	t Address	ess (P.O. Box Number is Not Acceptable)					
	UNIT 3E		TOCTO.				83							
			H SHORES FL 32	2118			84	City				85 Zi	ip Code	
							1	1		on submits this statement for the pu	FL			
SIGNA	TURE		or printed name of registers			NOTE: Register		nt signature	e required wh	nor real statings ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12	
12.	г	D	OFFICER	S AND DIRE	DELETE		TITLE		1] Change		
TITLE	ì	_	I, ELAINE J		L. 022272		NAME							
NAME STREET A	ADDRESS		EANS WEST BLV	D., UNIT 3	884			T ADDRESS	s					
CITY-ST		DAYI	ONA BEACH SH	ORES FL	32118	1.4	CITY-:	ST-ZIP						
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NAME	Į	VINC	I, VINCENT			2.2	NAME							
STREET A	ADDRESS	ss %3 OCEANS WEST BLVD.,		LVD., UNIT	UNIT 3B4		2.3 STREET ADDRESS		s					
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CITY-S						5.	4 CITY	ST-ZIP				=		
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NAME						6	2 NAM	E						
	ADDRESS					6	3 STRE	ET ADDRES	ss					
						6	4 CITY	-ST-ZIP			0.07(2)/6/ FI	orida Stol	tirtos I furthor	
14	do hereby	v certify tha	at the information sur	oplied with the	nis filing is voluntarily	furnished a	nd do	es not c	quality for	the exemption stated in Section 11	s.u/(J)(K), Fi	Jaio Bunu Laffact ac	tutes. I lutit#e: c if made under	

roo hereby certify that the information supplied with this litting is voluntarily formation does not quality for the exchiption states in Section 113.07(p)(r), holida statutes, holiday for early 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.

V.P. Director VINCENT VINCI 4-14-96
SIGNING OFFICER OF DIRECTOR