FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000070646 (3)**

1. Corporation Name

VARDELEON AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1623 ROBINHOOD LANE CLEARWATER FL 34624 US	1693 ELM PLACE CLEARWATER FL 34615

3. Date Incorporated or Qualified: **10/12/1993**

3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 / Country 25

2a. Mailing Address
26 1655 CURLEW ROAD
Suite, Apt. #, etc.
27
City & State
28 PALM HARBOR, FL
Zip 29 34683 / Country 30 PINELLAS

4. FEI Number: **59-3205949** ☐ 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

VARDELEON, EMELITA M
1693 ELM PLACE
CLEARWATER FL 34615

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 607.1508, 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VARDELOEN, EMELITA M		1.2 NAME	
STREET ADDRESS	1693 ELM PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VARDELOEN, JOCELYN		2.2 NAME	
STREET ADDRESS	1693 ELM PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VARDELEON, ALEJANDRO JR		3.2 NAME	
STREET ADDRESS	84 MARONQUILLO, SAN FAFAEL		3.3 STREET ADDRESS	
CITY-ST-ZIP	BULACAN, PHILIPPINES		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VARDELEON, FERDINAND		4.2 NAME	
STREET ADDRESS	ZONE 7 CALUMPANG, MOLO		4.3 STREET ADDRESS	
CITY-ST-ZIP	ILO-ILO CITY, PHILIPPINES		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VARDELEON, FRANKLIN		5.2 NAME	
STREET ADDRESS	60 DAHLIA ST., PETALSVILLE SUBDIVISION		5.3 STREET ADDRESS	
CITY-ST-ZIP	ILO-ILO CITY, PHILIPPINES		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VARDELEON, HENRY		6.2 NAME	
STREET ADDRESS	SMV ROCK GARDEN#1 NIA ROAD EDSA		6.3 STREET ADDRESS	
CITY-ST-ZIP	QUEZON CITY, PHILIPPINES		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 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.

SIGNATURE: E. Vardeleon 4/6/96 (818) 786-0763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)