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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DC	OCUMEN orporation Name	NT # P9300	0076095	(7)			
į.	VDC II, INC.			•			
Principal Place of Business Mailing Address							ANN ACOND BATTA BOTTE TOTAL BATTA INST
	INEYARDS BLVD.		98 VINEYARDS (
US	LES FL 34119		NAPLES FL 33999			DO NOT WRITE IN	THIS SPACE
						3. Date Incorporated or Qualified	
2. Pr	2. Principal Place of Business 2a. Mailing Address					10/28/1993 4. FEI Number	Annlied Co.
21	moipui i idog ç. a	Justiness	26. Mailing Addit	355		65-0453369	Applied For Not Applicable
Su	uite, Apt. #, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired	¢0.75
22	A. 9 C4040		27 City & Chats				Fee Required
23	ity & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zij	p	Country Zip		Co	ountry	Trust Fund Contribution 8. This corporation owes or has paid the second contribution.	Added to Fees
24	·	25	29	30		Personal Property Tax due June 30.	Yes No
	-	ame and Address of Curr	ent Registered Agent		1	10. Name and Address of New Regist	
	MORE, DO				81 Name Ro	ogers, Robert F.	
		ARDS BLVD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
NAPLES FL 34119					83	8 Vineyards Blvd.	
					84 City	aples	FL 85 Zip Code 34119
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above parced						ornoration submits this statement for the sum	con of changing its remistered
ă	igent. I am familie	and accept the obli	igations of, Section 607.	36 was aumonze 350 <u>5, F</u> lorida Sta	alutes. 	ration's board of directors. I hereby accept th	o appointment as registered
SIGN	ATURE Signature,	yped or printed name of registered a		Rober	TF.R	ogers \/	27/ 48
12.	OIL BILLIO,		AND DIRECTORS	(NO1£ Registere		quired when reinstating) D ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	PD		DE!				Change Addition
NAME		CACCI, MICHAEL		1.2 N	NAME		
		INEYARDS BLVD			STREET ADDRESS		
CITY-SI	r-zip NAPL	LES FL	☐ DEC		CITY-ST-ZIP		Change Addition
NAME		CACCI, JOSEPH	_ v	2.1 TO 2.2 N			Change Addition
		INEYARDS BLVD		B *	STREET ADDRESS		
CITY-SI		LES FL		2.40	CITY-ST-ZIP		
TITLE	\$T		☐ DEI				☐ Change ☐ Addition
NAME		CACCI, MARIA		3.2 N	IAME		
		VINEYARDS BLVD			TREET ADDRESS		
CITY-ST	-ZIP NATL	LES FL	DEL		CITY-ST-ZIP	v	Change Addition
NAME			- -			•	Olidingo
	ADDRESS] '	Saadeh, Michel 98 Yineyards Blyd.	
CITY-ST	1-21P				ITY-ST-ZIP	Naples, FL 34119	
TITLE			DEL	.ETE 5.1 TI			Change Addition
NAME				5.2 N	1		
	ADDRESS				TREET ADDRESS		
CITY-ST TITLE	·ZIP		DEL		ITY-ST-ZIP		Change Addition
NAME				6.2 N/			
	ADDRESS			I	TREET ADDRESS		

CITY-ST-ZIP

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.

FILED

Feb 17 1998 8:00am

Secretary of State