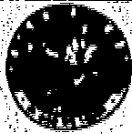


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078066 (6)

1. Corporation Name

VINTAGE OAKS REAL ESTATE COMPANY

Principal Place of Business

Mailing Address

2476 N.W. 59 ST.
BOCA RATON FL 33496

2476 N.W. 59 ST.
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0450445

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 5752 Vintage Oaks Circle

2a. Mailing Address

26 5752 Vintage Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Delray Beach, Fl.

City & State

28 Delray Beach, Fl.

Zip Country

24 33484

25 USA

Zip Country

29 33484

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERREMARK CORPORATE AGENTS INC.
2001 G. DAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

81 Name

COBER CORPORATE AGENTS, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2601 So. Dayshore Dr., 19th Fl.

84 City

Miami

FL

85 Zip Code

33133

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 607.05, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature and contact information

JANUARY 25, 1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUTTIN, EUGENE N
STREET ADDRESS	2476 N.W. 59TH ST.
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	DPST	
1.3 STREET ADDRESS	SUTTIN, EUGENE N.	
1.4 CITY-ST-ZIP	5752 Vintage Oaks Circle	
	Delray Beach, Fl. 33484	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME	VPD	
2.3 STREET ADDRESS	BOLLT, JERRY M.	
2.4 CITY-ST-ZIP	5752 Vintage Oaks Circle	
	Delray Beach, Fl. 33484	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 I am not an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

(Type or Print Name)

4/6/95