

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 # P94000045757 (9)

1. Corporation Name

VAP RESOURCES, INC.



Principal Place of Business

Mailing Address

**1451 W. CYPRESS CREEK RD.
SUITE 100
FT. LAUDERDALE FL 33309
US**

**1451 W. CYPRESS CREEK RD.
SUITE 100
FT. LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0500330

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1475 W. CYPRESS Ck Rd.

Suite, **100**

22 100

City & State

23 FT. LAUD FL

Zip

24 33309

Country

25 US

2a. Mailing Address

26 1475 W. CYPRESS Ck Rd.

Suite, **100**

27 100

City & State

28 FT. LAUD FL

Zip

29 33309

Country

30 US

9. Name and Address of Current Registered Agent

**MAGNUSON, KRISTINE A ESQ.
2000 GLADES ROAD STE. 208
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

VINCENT A. POVIO, JR.

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

1475 W. CYPRESS CREEK, ROAD

83

SUITE #100

84 City

FT. LAUDERDALE

85

Zip Code

33309

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

4/25/95

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ DELETE
NAME **DORTA, DAVID**
STREET ADDRESS **5680 CARRIAGE LANE**
CITY-ST-ZIP **DAVIE FL**

TITLE **DP** ☐ DELETE
NAME **POVIO, VINCENT A JR.**
STREET ADDRESS **4203 W. ATLANTIC BLVD. STE. 201**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Vincent A. Povio, Jr.** ☒ Change ☐ Addition
2.2 NAME **1041 NW 21st Street**
2.3 STREET ADDRESS **Fort Lauderdale, FL**
2.4 CITY-ST-ZIP **33311-3646**

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (954) 491-1080

CR2E034 (12/95)