## 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

**FILED** 

Mar 03 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

DOCUMENT # 1. Corporation Name

P94000048081 (1)

Mailing Address

VAREDO, INC.

Principal Place of Business

SUITE 104 SARASOTA F		SUITE 104 SARASOTA FL 34237		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  06/28/1994	S SPACE
2Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3304708	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt, #, etc.	· -		\$8.75 Additional
22 1744 M	Min St. Suite 101	27 1744 Main S	<u> X. Szirta 101</u>	Certificate of Status Desired	Fee Required
City & Stat	ie	City & State	<i>.</i> .	6. Election Campaign Financing	\$5.00 May Be
23 3000	sota FL.	28 Devesota	86.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 3423	La 25 U.S	29 3423 6	10 U S	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VENABLE, JOSEPH P 81 Name					
2033 MAIN ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	·· · · · · · · · · · · · · · · · · · ·
SUITE 104					
Sarasota Fl. 34237			83		
			84 City	F	85 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE		ALOTE .			
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTODO IN 18
TITLE	DP OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
	= -	E MELLE			Charife T vinition
NAME	RIVOLTA, PIERO		1.2 NAME		
STREET ADORESS	2033 MAIN ST SUITE 104		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	•••	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	······································	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		

14. Thereby 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 fuselee 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 DITY-ST-ZIP

6.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZiP

CITY-ST-ZIP

CITY ST-ZIP

TITLE

TITLE

Cla

DELETE

DELETE