

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000060826 (2)**

1. Corporation Name
VAP-MAP-JAP, INC.

Principal Place of Business
**1437-A SOUTH TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address
**1437-A SOUTH TAMiami TRAIL
SARASOTA FL 34239**

APPROVED
AND
FILED

97 JUL 30 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **4141 S. TAMiami**
Suite, Apt. #, etc.
22
City & State
23 **SARASOTA, FL**
Zip
24 **34231** Country
25
2a. Mailing Address
26 **P.O. Box 43319**
Suite, Apt. #, etc.
27
City & State
28 **SARASOTA FL**
Zip
29 **34230** Country
30 **USA**

3. Date Incorporated or Qualified
08/18/1994
3a. Date of Last Report
03/25/1996
4. FEI Number
65-0518464
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PETROS, VALERIE A
1437-A SOUTH TAMiami TRAIL
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name **PONELIET, VALERIE A**
82 Street Address (P.O. Box Number is Not Acceptable)
4141 S. TAMiami TRAIL
83
84 City **SARASOTA** FL 85 Zip Code **34231**

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 *Valerie A. Poneliet*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETROS, VALERIE A	
STREET ADDRESS	1437 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETROS, MICHAEL A	
STREET ADDRESS	27453 CO RD 24	
CITY-ST-ZIP	ELKHART IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PONELIET, VALERIE A
1.3 STREET ADDRESS	4141 S. TAMiami TRAIL
1.4 CITY-ST-ZIP	SARASOTA, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PETROS, MICHAEL
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	200002256582--2
3.3 STREET ADDRESS	-08/04/97--01110--015
3.4 CITY-ST-ZIP	*****165.00 *****165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	\$1811
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Valerie A. Poneliet

7-24-97

CR2E034 (4/97)