

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000082740 (9)

1. Corporation Name

THE VADEN GROUP, INCORPORATED



Principal Place of Business

Mailing Address

424 35TH AVENUE NORTH
ST. PETERSBURG FL 33704

PO BOX 172485
TAMPA FL 33672-0485
US

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 607 SOUTH NEWPORT AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3

27

City & State

City & State

23 TAMPA FL

28

Zip

Country

Zip

Country

24 33606

25

USA

29

30

4. FEI Number

59-3278479

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFRIES, DAVID M.
BUSH, ROSS, GARDNER, WARREN & RUDY
220 S FRANKLIN ST
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME VADEN, BRIAN A
STREET ADDRESS 424 35TH AVE. NORTH
CITY-ST-ZIP ST PETERSBURG FL 33704-1322 ☐ DELETE

TITLE DV
NAME WENZELBURGER, ROBERT C.
STREET ADDRESS 424 N 35 AVE
CITY-ST-ZIP ST PETERSBURG FL 33704-1322 ☐ DELETE

TITLE D
NAME VADEN, BETTY J
STREET ADDRESS 424 NORTH 25TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33704-1322 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C,T,D
1.2 NAME VADEN, BRIAN A. ☒ Change ☐ Addition
1.3 STREET ADDRESS 607 S. NEWPORT AVE
1.4 CITY-ST-ZIP TAMPA, FL 33606

2.1 TITLE S,V,D
2.2 NAME WENZELBURGER, ROBERT C. ☒ Change ☐ Addition
2.3 STREET ADDRESS 607 S. NEWPORT AVE
2.4 CITY-ST-ZIP TAMPA, FL 33606

3.1 TITLE P,D
3.2 NAME VADEN, BETTY J. ☒ Change ☐ Addition
3.3 STREET ADDRESS 607 S. NEWPORT AVE.
3.4 CITY-ST-ZIP TAMPA, FL 33606

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
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 registered 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:

Brian A. Vaden

BRIAN A. VADEN

4-1-97

813-244-4627

CR2E034 (9/96)