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

DOCUMENT # P95000051022 (8)

VARNADORE INVESTMENT GROUP, INC.

FILED Apr 17 1998 8:00am Secretary of State

BIG CRANES CT. MAITLAND FL 32751	Mailing Address 876 CRANES CT. MAITLAND FL 32751 US		DO NOT WRITE IN THI 3. Date Incorporated or Qualified	
			06/29/1995	
2. Principal Place of Business 2s	, Mailing Address		4. FEI Number	Applied For
21 876 CLANOS CT 26		<u>.</u>	59-3323335	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CH 8 878 A. Thom 2 Fl 28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	Country	8. This corporation owes or has paid the o	current year intangible
25 25 29 9. Name and Address of Current Regi		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Tes No
VARNADORE, JOSEPH		81 Name	A. Same with company of their staffigrate	
876 CRANES CT. MAITLAND FL 32751	60° 1509 Florida Statute	83 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant to the provisions of Section (407.05)2 and office or registered agent or both, Published State of Floregent. I am familial with, Fird accepting abligations of	ida Such change was a of, Section 607.0505, Flo	es, the above-hamed corporation of the corporation	ion's board of directors. Thereby accept the a	ppointmipt as registered
SIGNATURE				81 6
Signature, typed or printed name of a gistered agent and lift 12. OFFICERS AND DIRE		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND PUDECTORS IN 10
TITLE PD	DELETE	1.1 TITUE	ADDITIONS/CHANGES TO OFFICEAS A	Change Addition
NAME VARNADORER, JOSEPH		1.2 NAME		
STREET ADDRESS 876 CRANES CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP MAITLAND FL		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	* 1%	
TITLE	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - 7IP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	- I DOLETO	4.4 CITY-ST-ZIP	<u> </u>	
TITLE	☐ DETELE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	Drifter	5.4 CITY-ST-ZIP		Denne Diago
TITLE	L DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		j.

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual poportor suppliemental 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 proportion or the receiver or must be 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 for on an attachment with an address.

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