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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra PrMort am

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000059676 (3)

VENDAK, INCORPORATED

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I DREISON SIN IDINI DINI DUNI DONI DONI EDIN DEID	BINIO FOLIE OLINI JEDIO DIN 1881	
	HESTER BOULEVARD	24048 WESTCHESTER E					
PORT CHARL	OTTE FL 33980	PORT CHARLOTTE FL 3	33980	11 11 1 1	DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualified		
					07/31/1995		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 2351 Sulte, Apt.		Suite, Apt. #, etc.			65-0602110	Not Applicat	
22	π, θιο.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	i
City & Stat	901	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 DV+	Charlotte, Fl	28			Trust Fund Contribution	Added to Fees	
Zip 🖂	33980 Country C1/L	Zip ⊣	Country	/	8. This corporation owes or has paid the		
24	9. Name and Address of Currer	29	30]		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
011		it negistered Agent	B1	Name	10. Name and Address of New Register	an when	\dashv
	MMINS, JOSEPH P 514 HARPER AVENUE		Ľ.			.	
	RT CHARLOTTE FL 33980		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
, ,			83				ヿ
			84	City		85 Zip Code	\dashv
44 0				'		·L	
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	of Florida, Such change was	authorized b	e-named co y the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its register appointment as registered	g
i			lorida Statute	S.	5-	2-98	
SIGNATURE	Bignature, lyped Frintedhame of registered age	ATTITUTE (NC	Off. Registered Ag	ent signature req	uired when reinstating) DAT	E	-
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addit	ion
NAME	CUMMINS, JOSEPH P		1.2 NAME				
STREET ADDRESS	23514 HARPER AVENUE			ADDRESS			
CITY-ST-ZIP TITLE	PORT CHARLOTTE FL 33980	☐ DELETE	1.4 CITY - 5 2.1 TIILE	ST-ZIP		Change Addit	ring
NAME	WHIDDEN, ROBERT J		2.2 NAME				""
STREET ADDRESS	24048 WESTCHESTER BOULI	EVARD	2.3 STREET	ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		2. 4 CiTY-				
TITLE	\$ T	DELETE	3.1 TITLE			Change Addit	ion
NAME	WHIDDEN, CINGER S		3.2 NAME				
STREET ADDRESS	24048 WESTCHESTER BOULI	evard	3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		∐ DELETE	4.1 TITLE			Change Additi	ion
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 City-S 5.1 Title	SI~ZIP		Change Additi	ion
NAME		0000	5.1 TITLE 5.2 NAME			The Charles The Wilder	1011
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City - S				
TITLE		DELETE	6.1 TITLE	. 40		Change Additi	ion
NAME			6.2 NAME			• — ···	
STREET ADDRESS			6.3 STREET	ADDRESS			- 1
CITY-ST-ZIP			6.4 CITY - S				
	erlify that the information supplied w	th this filing does not qualify			n 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 eath; 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.