FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000067279 (6)**

1. Corporation Name

VIENNA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2073 SAN MARINO WAY NORTH CLEARWATER FL 34623	2073 SAN MARINO WAY NORTH CLEARWATER FL 34623

3. Date Incorporated or Qualified: **08/30/1995**
3a. Date of Last Report:

21 2. Principal Place of Business	1274 MAIN ST.
22 Suite, Apt. #, etc.	
23 City & State	DUNEDIN FL.
24 Zip / 25 Country	34698 / U.S.A.
26 2a. Mailing Address	2073 SAN MARINO WAY N.
27 Suite, Apt. #, etc.	
28 City & State	CLEARWATER, FL.
29 Zip / 30 Country	34623 /

4. FEI Number: 59-3333374 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: LESLIE PETER RIEDT
82 Street Address (P.O. Box Number is Not Acceptable): 2073 SAN MARINO WAY N.
83
84 City: CLEARWATER **FL** 85 Zip Code: 34623

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: _____ LESLIE PETER RIEDT 04/28/1996
Signature, typed or printed name of registered agent and date (DATE)
IF THE Registered Agent signature is required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIEDT, IBOLYA		1.2 NAME		
STREET ADDRESS	2073 SAN MARINO WAY NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIEDT, LESLIE P		2.2 NAME		
STREET ADDRESS	2073 SAN MARINO WAY NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623		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		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Ibolya Riedt IBOLYA RIEDT 04/28/1996 (813)733-3944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #