

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068176 (3)

1. Corporation Name

VANTAGE GROUP, INC.

Principal Place of Business

2455 SOUTH 3RD ST.
JACKSONVILLE BEACH FL 32250

Mailing Address

2455 SOUTH 3RD ST.
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EAKIN, PAUL M
559 ATLANTIC BLVD., STE. 4
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

4. FEI Number

59-3341642

Applied For

Not Applicable

5. Certain 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

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to two provisions of Sections 607.009 and 607.010, Florida Statutes, the above named corporation hereby makes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.010, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

NAME

BIONDI, TED

STREET ADDRESS

9 SAILFISH DR.

CITY, ST., ZIP

PONTE VEDRA BEACH FL 32082

1. TITLE

D

☐ DELETE

NAME

KAUFMANN, LARRY

STREET ADDRESS

1377 HARRISON POINT TRAIL
FERNANDINA BEACH FL 32034

CITY, ST., ZIP

1. TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

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NAME

STREET ADDRESS

CITY, ST., ZIP

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NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

14. I hereby certify that the information supplied to the Department of State, Florida, is true and correct, for the corporation's filing on 119.073(b)(1), Florida Statutes. I further certify that the information is based on the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. That each officer or director of the corporation has received a copy of this document and has acknowledged the receipt of the same by the Department of State, Florida Statutes, and that my name appears in Block 12 of Block 13 of this document in accordance with the law.

SIGNATURE:

Larry Kaufmann, Vice Pres., LARRY KAUFMANN

March 26, 1996 (904) 246-6699

CR2E034 (12/95)